


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90146 019 \*\*\*\*50.00

<b>DOCUMENT # M02000002287</b> 1. Entity Name <b>FRANCHISE HOLDING V, LLC</b>					
Principal Place of Business <b>4111 E. 37TH STREET NORTH WICHITA, KS 67220 US</b>			Mailing Address <b>4111 E. 37TH STREET NORTH WICHITA, KS 67220 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2256</b> Suite, Apt. #, etc.			
City & State <b>Wichita, KS</b>		City & State <b>Wichita, KS</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>67201</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEILMEIER, STEVEN JOHN</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CESAREK, TIMOTHY J</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>DISHMAN, DAVID EARL</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FLUCKE, SCOTT R</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DARLAND, TYE GARY</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>BRYANT, JILL A</b> <b>4111 E. 37TH ST. NORTH</b> <b>WICHITA, KS 67220</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Spencer, Melody</b> <b>4111 E 37TH ST. NORTH</b> <b>Wichita, KS 67220</b>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>Melody Spencer</i>			<b>Melody Spencer</b> <b>Asst. Treasurer</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4-30-04</b> Daytime Phone #		