2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # M02000002287 1. Entity Name FRANCHISE HOLDING V, LLC						05-02-2005	90102 011 ****50	0.00	
Principal Place	a of Business	Mailing Address		•					
4111 E. 37TH STREET NORTH WICHITA, KS 67220 US		PO BOX 2256	US						

2. Principal Place of Business		3. Mailing Address			 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242005	Chg-LLC	CR2E083 (10/03)			
City & State		City & State		4. FEI Numb	PPLICABLE	——	pplied For ot Applicable		
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	S5.00 Ad		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	·		
			Name						
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525		Street Address		ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
IALLARAS	35EE, FL 32301-2323								
			Ì	City			FL Zip Coo	je	
	named entity submits this statement for	r the purpose of changing its r	egistere	ed office or re	egistered agent, or be	oth, in the State of FI	orida. I am familiar with	, and accept	
SIGNATURE .									
SIGNATORIE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature	required when reinstating)		DATE		
		1	-						
Fi Di	ling Fee is \$50.00 ue by May 1, 2005						ke check payable to a Department of Stat	la l	
Fi D	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.			Florid		te .	
9.	ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	TITLE			Florid	/CHANGES	Addition	
9. TITLE NAME	MANAGING MEMBE P FEILMEIER, STEVEN JOHN		TITLE			Florid	/CHANGES		
9.	ue by May 1, 2005 MANAGING MEMBE		TITLE NAME STREE			Florid	/CHANGES		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE P FEILMEIER, STEVEN JOHN 4111 E. 37TH ST. NORTH WICHITA, KS 67220 VP		TITLE NAME STREE CITY-	ET ADDRESS • ST-ZIP		Florid	/CHANGES		
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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.

SIGNATURE: MUMAY SECURITY NAME OF SIGNATURE AND TYPED OR PRINTEY NAME OF SIGNATURE AND TYPED OR PRINTEY NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despire Prove •

ATTACHMENT #M0Z000002287

Franchise Holding V, LLC

<u>Officers</u>

Feilmeier, Steven John

Dishman, David E. Cesarek, Timothy J.

Brenner, Jeff

Darland, Tye Gary

Dishman, David E. Spencer, Melody

President

Vice President Vice President

Secretary

Asst. Secretary

Treasurer Asst. Treasurer Street Address:

4111 E. 37th St. North Wichita, KS 67220