


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90135 014 ****50.00

DOCUMENT # M03000003374 1. Entity Name HALLANDALE DIPLOMAT BREAD, LLC	
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Principal Place of Business 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220	Mailing Address 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
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03142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1571725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, WILLIAM N
 GOULD, COOKSEY, FENNELL ET AL, PA
 979 BEACHLAND BLVD
 VERO BEACH, FL 32963

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLICK, H. ROGER 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, LARRY F 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, DALE E 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WILLIAM J JR 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK, ALBERT J 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KENNETH R 2414 N. WOODLAWN, SUITE 201 WITCHITA, KS 67220

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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)(f), 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: Will J. Wolf Date: 3/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE