


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-25-2005 90135 017 ****50.00

DOCUMENT # M04000001399

1. Entity Name
MIRAMAR BREAD, LLC



Principal Place of Business
**2414 N. WOODLAWN, STE 201
WICHITA, KS 67220**

Mailing Address
**2414 N. WOODLAWN, STE 201
WICHITA, KS 67220**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4281821

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRK, WILLIAM N
979 BEACHLAND BLVD
VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAROLICK, H. ROGER	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PAYNE, LARRY F	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WIGGINS, DALE E	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, WILLIAM J JR	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KIRK, ALBERT J	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MILLER, KENNETH R	
STREET ADDRESS	2414 N. WOODLAWN, STE 201	
CITY-ST-ZIP	WICHITA, KS 67220	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William J. Walsh 3/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #