2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M04000001399

Entity Name
MIRAMAR BREAD, LLC

2414 N. WOODLAWN, STE 201 WICHITA, KS 67220

Principal Place of Business

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

FILED Feb 12, 2007 08:00 AM Secretary of State



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-7281821 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

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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.

Signature, typed or printed name of registered agent and life it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	KAROLICK, H. ROGER
STREET ADDRESS	2414 N. WOODLAWN, STE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	PAYNE, LARRY F
STREET ADDRESS	2414 N. WOODLAWN, STE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	WIGGINS, DALE E
STREET ADDRESS	2414 N. WOODLAWN, STE 201
CITY-ST-2IP	WICHITA, KS 67220
TITLE	MGR
NAME	WALSH, WILLIAM J JR
STREET ADDRESS	2414 N. WOODLAWN, STE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	KIRK, ALBERT J
STREET ADDRESS	2414 N. WOODLAWN, STE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	MILLER, KENNETH R
STREET ADDRESS	2414 N. WOODLAWN, STE 201
City-ST-ZIP	WICHITA, KS 67220
	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

NATURE AND TYPED OR PRINTED NAME OF SIG

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

TR

Daytime Phone #