

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014122

1. Entity Name
HIALEAH GARDENS FAST FOODS, L.L.C.

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
23123 SOUTH STATE RD 7, STE 301
BOCA RATON FL 33428

Mailing Address
23123 SOUTH STATE RD 7, STE 301
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1059818

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHALLER, VERNON
23123 S. STATE RD 7, STE 301
BOCA RATON FL 33428

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004488769--4
-07/23/01--01004--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Mgr
NAME E Stanley Kroenke
STREET ADDRESS 1001 Cherry St. # 308
CITY-ST-ZIP Columbia, MO, 65201 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Mgr
NAME James N. Gordon
STREET ADDRESS Gordon Property Co XXVII
CITY-ST-ZIP 315 Woodlawn, #7 O'Fallon, MO 63369 James N. Gordon Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME James N Gordon, Co Trustee
STREET ADDRESS Midwest Diversified Empl.
CITY-ST-ZIP Benefit Fund of Trust 63369 315 Woodlawn #7, O'Fallon, MO Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME Alvaro M Cabrera, Jr
STREET ADDRESS 495 Biltmore Way, Suite 306
CITY-ST-ZIP Coral Gables, FL 33134 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: SIGNATURE: JAMES N. GORDON

(561) 451-0227

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

Date

Desktop Phone #

CR2E083 (11/00)

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