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TRANSMITTAL LETTER

TO: Registration Son Division of Co			
SUBJECT: Highway	70 Realty Management, L.i.	_,C.	
		d Liability Company)	
	f Organization and fee(s) are so	-	
	Rol	oin Finlayson	
		Name of Person)	
		Realty Management, L.L.C.	
	`	,, ₋ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23123 S 5	State Rd. 7, #240	
	23120 0. ((Address)	
	Boca Raton,	FL 33428	
	(City/	State and Zip Code)	 -
For further information	concerning this matter, please	call:	
Robin	Finlayson	at (561) 451-0220	ext. 12
	of Person)	(Area Code & Daytime Te	
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A' Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 30, 2004

ROBIN FINLAYSON HIGHWAY 70 REALTY MANAGEMENT, L.L.C. 23123 S. STATE RD. 7, #240 BOCA RATON, FL 33428

SUBJECT: HIGHWAY 70 REALTY MANAGEMENT, L.L.C.

Ref. Number: W04000047576

We have received your document for HIGHWAY 70 REALTY MANAGEMENT, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 704A00072153

Joey Bryan Document Specialist

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The name of the Limited Liability Con	npany is:
Highway 70 Realty Management, L.L.C.	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23123 S. State Rd. 7, #240	P.O. Box 1030
Boca Raton, FL 33428	O'Fallon, MO 63366
23123 S. Si Florid Boca Raton	G. Schaller Name tate Rd. 7, #240 la street address (P.O. Box NOT acceptable) n, FL 33428 FL City, State, and Zip
liability company at the place desig registered agent and agree to act in thi	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all
	omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	E. Stanley Kroenke
	1001 Cherry Street, #302
	Columbia, MO 65201
MGRM	912 Providence Road, L.L.C.
	315 Woodlawn #7
	O'Fallon, MO 63366
MBR	Midwest Diversified Empl. Benefit Plan&Trust
	315 Woodlawn #7
	O'Fallon, MO 63366

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

Arthur Cordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James N. Gordon, Manager

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)