

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003131

FILED
Apr 30, 2008
Secretary of State

Entity Name: HIGHWAY 70 REALTY MANAGEMENT, L.L.C.

Current Principal Place of Business:

23123 S. STATE RD. 7, #240
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1030
O'FALLON, MO 63366

New Mailing Address:

FEI Number: 52-2453934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALLER, VERNON G
23123 S. STATE RD. 7, #240
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KROENKE, E. STANLEY
Address: 1001 CHERRY STREET, #308
City-St-Zip: COLUMBIA, MO 65201

Title: MGRM () Delete
Name: 912 PROVIDENCE ROAD,, L.L.C.
Address: 315 WOODLAWN #7
City-St-Zip: O'FALLON, MO 63366

Title: MGRM () Delete
Name: MIDWEST DIV. EMPL. B, ENEFIT PLAN & T RUST
Address: 315 WOODLAWN #7
City-St-Zip: O'FALLON, MO 63366

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KROENKE, E. STANLEY
Address: 211 STADIUM BLVD., #201
City-St-Zip: COLUMBIA, MO 65203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: E. STANLEY KROENKE

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date