

2001 UNIFORM BUSINESS REPORT (UBR)

0030788 AB

DOCUMENT # L99000002901

1. Entity Name
WEST MIAMI - MEDLEY FAST FOOD, L.L.C.

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
315 WOODLAWN, APARTMENT 7
O'FALLON MO 63366

Mailing Address
315 WOODLAWN, APARTMENT 7
O'FALLON MO 63366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0923791

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

ASTON, BRYAN
23123 S. STATE ROAD 7, SUITE 301
BOCA RATON FL 33428

Name Vern Schaller
Street Address (P.O. Box Number is Not Acceptable)
23123 S. State Rd 7 # 301
City Boca Raton FL Zip Code 33428

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 Vern Schaller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME KROENKE, E. STANLEY
STREET ADDRESS 1001 E. CHERRY STREET, SUITE 308
CITY-ST-ZIP COLUMBIA MO 65201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME James N. Gordon, GP
STREET ADDRESS GORDON PROPERTY COMPANY XXVII, L.P.
CITY-ST-ZIP 315 WOODLAWN, APT 7
O'FALLON MO 63366

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME CABRERA, ALVARO M JR
STREET ADDRESS 495 BILTMORE WAY, SUITE 308
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Diversified Benefit Plan Trust
STREET ADDRESS MIDWEST DIVERSIFIED MANAGEMENT CORP.
CITY-ST-ZIP 23123 S. STATE ROAD 7, SUITE 301
BOCA RATON FL 33428

TITLE
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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: James N. Gordon

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

4/19/01 (561) 457-0228

Date

Daytime Phone #

CR2E083 (11/00)