2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90120 030 ****50.00

24062968

DOCUMENT # L99000002901

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

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

2. Principal Place of Business	3. Mailing Address
1001 Cherry St	1001 Cherry St
Suite, Apt. #, etc.: Suite 308	Suite, Apt. #, etc.: Suite 308
City & State: Columbia MO	City & State: Columbia MO
Zip: 65201 Country: USA	Zip: 65201 Country: USA

04092004 Chg-LLC CR2E083 (10/03)

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
SCHALLER, VERN 23123 S. STATE ROAD 7, SUITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KROENKE, E. STANLEY 1001 E. CHERRY STREET, SUITE 308 COLUMBIA, MO 65201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GORDON PROPERTY COMPANY XXVII, L.P. 315 WOODLAWN, APT 7 O'FALLON, MO 63366	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CABRERA, ALVARO M JR 495 BILTMORE WAY, SUITE 308 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MIDWEST DIVERSIFIED BENEFIT PLAN & TRUST 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428	☐ 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: _____ 4/23/04 (573) 449-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #