

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002901

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

211 NORTH STADIUM BLVD.  
SUITE 201  
COLUMBIA, MO 65203

**New Principal Place of Business:**

**Current Mailing Address:**

211 NORTH STADIUM BLVD.  
SUITE 201  
COLUMBIA, MO 65203

**New Mailing Address:**

**FEI Number:** 65-0923791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHALLER, VERN  
23123 S. STATE ROAD 7, SUITE 301  
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  
**Name:** KROENKE, E. STANLEY  
**Address:** 211 NORTH STADIUM BLVD., STE 201  
**City-St-Zip:** COLUMBIA, MO 65203

**Title:** MGRM  
**Name:** GORDON PROPERTY COMPANY XXVII, L.P.  
**Address:** 315 WOODLAWN, APT 7  
**City-St-Zip:** O'FALLON, MO 63366

**Title:** MGRM  
**Name:** CABRERA, ALVARO M JR  
**Address:** 10825 SW 74TH AVENUE  
**City-St-Zip:** PINECREST, FL 33156

**Title:** MGRM  
**Name:** MIDWEST DIVERSIFIED BENEFIT PLAN & TRUST  
**Address:** 5800 NW 74TH PLACE  
**City-St-Zip:** COCONUT CREEK, FL 33073

I hereby 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

04/28/2011

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