

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004541

1. Entity Name
GANNON-KENDALL OAKS, L.L.C.

Principal Place of Business *new* Mailing Address
~~12515 N. KENDALL DRIVE, SUITE 430~~ ~~MIAMI, FL 33186~~
Our Address Has Changed:
GANNON MANAGEMENT COMPANY
11030 N Kendall Dr. Ste 200
Miami, FL 33176

2. Principal Place of Business 3. Mailing Address
11030 North Kendall Drive 11030 North Kendall Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 Suite 200
City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33176 USA 33176 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1856308 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
FIELD, SYBIL C *new* Name
~~12515 N. KENDALL DRIVE, SUITE 430~~ ~~MIAMI, FL 33186~~ Sybil C. Field
Our Address Has Changed: Street Address (P.O. Box Number is Not Acceptable)
GANNON MANAGEMENT COMPANY 11030 No. Kendall Drive, Suite 200
11030 N Kendall Dr. Ste 200 City Miami FL Zip Code 33176
Miami, FL 33176

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 *[Signature]* 4-20-00 DATE
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE GANNON EQUITIES COMPANY		NAME		
STREET ADDRESS	11301 OLIVE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	CREVE COEUR MO 63141		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *[Signature]* 4-20-00 314-989-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)