

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021608

DOCUMENT # L99000004541

1. Entity Name

GANNON-KENDALL OAKS, L.L.C.



FILED

03 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

11030 N. KENDAL DRIVE, SUITE 200
MIAMI FL 33176

Mailing Address

11030 N. KENDAL DRIVE, SUITE 200
MIAMI FL 33176

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 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
11030 N. KENDAL DRIVE, SUITE 200
MIAMI FL 33176

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

(NOTE: Registered Agent signature required when reinstating)

4-17-03.
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **THE GANNON EQUITIES COMPANY**
STREET ADDRESS **11301 OLIVE BLVD.**
CITY-ST-ZIP **CREVE COEUR MO 63141**

TITLE ☐ Change ☐ Addition
NAME **300017587363**
STREET ADDRESS **04/30/03--01079--005**
CITY-ST-ZIP ****50.00**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Sybil C. Field
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03
Date

Daytime Phone #

CR2E083 (10/02)