


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90040 015 ****50.00

14007485



DOCUMENT # L99000006656				
1. Entity Name DADE COUNTY FAST FOOD, L.L.C.				
Principal Place of Business 1001 CHERRY ST., STE 308 COLUMBIA, MO 65201		Mailing Address 1001 CHERRY ST., STE 308 COLUMBIA, MO 65201		
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 43-1865542 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required 03112005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SCHALLER, VERN 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KROENKE, STANLEY E	NAME	Kroenke, E. Stanley	
STREET ADDRESS	1001 CHERRY STREET, SUITE 308	STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MO 65201	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JAMES N	NAME		
STREET ADDRESS	23123 SOUTH STATE ROAD 7, SUITE 301	STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428	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: _____		Date	4/19/05	Daytime Phone # (573) 449-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				