

2001 UNIFORM BUSINESS REPORT (UBR)

0030789 AB

DOCUMENT # M99000000583

1. Entity Name
BISCAYNE & 54 FAST FOOD, L.L.C.

FILED
 01 APR 23 PM 5:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**315 WOODLAWN, APARTMENT 7
 O'FALLON MO 63366** **315 WOODLAWN, APARTMENT 7
 O'FALLON MO 63366**



DO NOT WRITE IN THIS SPACE

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 Applied For

43-1847759 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASTON, BRYAN
 23123 S. STATE ROAD 7, SUITE 301
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Vern Schaller**

Street Address (P.O. Box Number is Not Acceptable) **23123 S. State Rd 7, #301**

City **Boca Raton** FL Zip Code **33428**

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 **Vern Schaller** DATE

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KROENKE, E. STANLEY	
STREET ADDRESS	1001 CHERRY ST., #308	
CITY-ST-ZIP	COLUMBIA MO 65201	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GORDON, JAMES N	
STREET ADDRESS	23123 S STATE RD 7, E301	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CABERA, ALVARO M JR	
STREET ADDRESS	495 BILTMORE WAY #308	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

8000004155800-4
 -05/03/01--01054--027
 *****50.00 *****50.00

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: **James N. Gordon** Date **4/19/01** Daytime Phone # **(561) 451-0228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)