

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000783

FILED
Apr 17, 2009
Secretary of State

Entity Name: BISCAYNE & 54 DOUBLE DRIVE THRU, 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: 43-1851008

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: MGR () Delete
Name: KROENKE, E. STANLEY
Address: 211 NORTH STADIUM BLVD., STE 201
City-St-Zip: COLUMBIA, MO 65203

Title: MGR () Delete
Name: GORDON, JAMES N
Address: 23123 S STATE ROAD 7, #301
City-St-Zip: BOCA RATON, FL 33428

Title: MGR () Delete
Name: CABRERA, ALVARO M JR
Address: 495 BILTMORE WAY, #308
City-St-Zip: CORAL GABELS, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

MGR

04/17/2009

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