FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 3:53

with
1/7

1. Name of Limited Partnership

1a. DOCUMENT # B96000000047

ST. LOUIS CARDINALS, L.P.
doing business in Florida as
ST. LOUIS CARDINALS, LTD.

Mailing Address / Principal Office Address

2. Mailing Address
250 Stadium Plaza
Suite, Apt. #, etc.
City & State
St. Louis, Missouri
Zip / Country
63102

2a. Principal Office Address
250 Stadium Plaza
Suite, Apt. #, etc.
City & State
St. Louis, Missouri
Zip / Country
63102

3. Date Formed or Registered
1/30/96

3a. Date of Last Report

4. State or Country of Formation
Missouri

5a. Capital Contributions as Shown on record
370,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
370,000.00

6. FEI Number
43-1732671
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)
$576.25

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL

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-01/10/97--01102--002
****576.25
****576.25

10a. Pursuant to the provisions of sections 620.1(ex) and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Gateway Group, Inc. doing business in Florida as Gateway Florida, Inc.	250 Stadium Plaza	St. Louis, MO 63102	F96000000498

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I/we hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

GATEWAY GROUP, INC.
SIGNATURE By: [signature] President DATE 12/30/96

Typed or Printed Name of General Partner Signing Form: Frederick O. Hanser Daytime Telephone Number (314)421-3060