

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074229

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LIONS GATE N/S ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

23123 S. STATE ROAD 7, #240  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

23123 S. STATE ROAD 7, #240  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 06-1822365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, JAMES N  
23123 S. STATE ROAD 7, #240  
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: MGRM ( ) Delete  
Name: KROENKE, E. STANLEY  
Address: 211 NORTH STADIUM BLVD.  
City-St-Zip: COLUMBIA, MO 65203

Title: MGRM ( ) Delete  
Name: GORDON PROPERTY COMPANY XXXI, L.L.C.  
Address: 23123 S. STATE ROAD 7, #240  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GORDON PROPERTY COMPANY XXX, L.L.C.  
Address: 23123 S. STATE ROAD 7, #240  
City-St-Zip: BOCA RATON, FL 33428

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: JAMES N. GORDON

MGR

04/30/2009

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