## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	199	97 · 🤻			OF COR	State PORATIONS		97 MAY	L PH	1:58	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name	and Mailing Adited Liability Co			#L960			j	TÀLLAHA	SSEE, F	LONION	
COOPER CITY ASSOCIATES II, L.L.C.							1a. Principal Place of Business Address				
23123 S. STATE ROAD 7 SUITE 255							23123 S. STATE ROAD 7 SUITE 255				
		TON FL 3342	-	BOCA RATON FL 33428							
2 Princip	al Place of Bus	incorrect in any way, line the		t information and enter correction in Block 2s. ng Address			3. Date Organized or Qualifled   3a. State of Formation				
Suite, Apt. #, etc.			I. #, etc.			0470171996 FD					
							4. FEI Number			Applied For	
City & Sta	ity & State City & S			1TE 301			65.0		<b>-</b>	Not Applicable	
Zip		Country	Zip		Countr	у	5. Date of Last R	ieport		ate of Status Desired	
	7. Name	and Address of Curre	nt Registered	Agent			8. Name and Add	ress of New Re			
7. Name and Address of Current Registered Agent						8. Name and Address of New Registered Agent Name					
GORDON, JAMES N 23123 S. STATE ROAD 7						Street Address (P.O. Box Number Is Not Acceptable)					
SUITE 255 BCCA RATON FI. 33428											
DUCK	KATON	ET 33426		Sulte, Apt. #, etc.							
						Su , TE		FL	Zip Code	· ·	
its register	red office or reg	sions of Sections 608.41 distered agent, or both, in						ubmits this state			
	•	accept the obligations.				•	المستعدد والمراضو والرواري	2475			
SIGNATURE [Registered Agent Accepting Appointment] (NOTE: Registered Agent signature required when reinstating							DATE				
10. Title	Managing Members/Managers			Business Street Address			<u>.</u>	City, State and Zip Code			
MGR	GR KROENKE, E. STANLEY /				1001 CHERRY STREET,			COLUMBI	A MO		
MGR	GORDON	, JAMES N		23123 S. STATE ROAD 7, SUI BOCA RATON FL						L	
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						:			51	14/97	
11. Idohe	reby certify tha	t the information supplied	with this filing d	ices not qualify	for the exi	emption stated in Se	ction 119.07(3) (i), F	iorida Statutes.	I further cer	tify that the information	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INHSE 10 R(12-96)

HE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-1.97 541-451-0220