File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. * FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 28 APR 29 PH 4: 09 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT # L96000000365** 1a. Principal Place of Business Address COOPER CITY ASSOCIATES II, L.L.C. 23123 S. STATE ROAD 7 23123 S. STATE ROAD 7 SUITE 255 SUITE 255 BOCA RATON FL 33428 BOCA RATON FL 33428 2a. Mailing Address 3. Date Organized or Qualified 2. Principal Place of Business 3a. State of Formation 04/01/1996 FL Suite, Apt. #, etc. Sulte, Apt. #, etc. 4. FEI Number 301 Applied For SUITE City & State City & State 65-0694139 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 05/14/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GORDON, JAMES N 23123 S. STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 BOCA RATON FL 33428 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR KROENKE, E. STANLEY 1001 CHERRY STREET, SUITE COLUMBIA MO MGR GORDON, JAMES N 23123 S. STATE ROAD 7, SUI BOCA RATON FL 700002516397--6 -05/08/98--01004--001 ****188.75 ****188.75 11. Ido 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 annual 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; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Daytime Phone #

attachment with an address.

SIGNATURE: