2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE;

2000	UNI	FORM B	BUSINE	SS REPO	DRT	(UBR)	-	AP	PROVE	U		
DOCUMENT # L9600000365 Entity Name COOPER CITY ASSOCIATES II, L.L.C.							AND FILED					
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	<u> </u>			,				SECRET	ARY OF	STATE		
rincipa! Place of Business 3123 S. STATE ROAD 7 UITE 301 OCA RATON FL 33428			23 ⁻ SU	Maifing Address 23123 S. STATE ROAD 7 SUITE 301 BOCA RATON FL 33428-5407				GECRETARY OF STATE TALLAHASSEE, FLORIDA				
			, •••									
Principal Place of Business Suite, Apt. #, etc. City & State			3. N	3. Mailing Address Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE				
			s				mr					
							4. FEI Number 65-0694139			⊢ —∔-∸	Applied For Not Applicabl	
Zip		Country	Z	ip	Coun	try		cate of Status Desired		55.00 Add ee Require		
	6. Name	and Address of	Current Registe	ered Agent		Name	7. Name	and Address of New F	Registered A	gent		
	, JAMES N State Roa	AD 7				Street Addres	ss (P.O. Box Nu	mber is Not Acceptable	e)		-	
SUITE 30			•								"	
BOCA RA	TON FL 33	428	•			City			FL	Zip Code	e	
. The above	named entity	y submits this state	tement for the pu	urpose of changing i	ts registere	Ied office or regis	stered agent, or	both, in the State of Fl	orida.		-	
	named entity	y submits this stat	tement for the pu	urpose of changing it	ts registere	Led office or regis	stered agent, or	r both, in the State of Fl				
. The above		y submits this state				ed office or regis			DATE			
				applicable. (NC	OTE: Registered	d Agent signature req	uired when reinstating					
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	Signature, typed	or printed name of regist		applicable. (NC FILE N Make Check P	NOW!!! I Payable to	d Agent signature requ FEE IS \$50.0 o Departmen	uired when reinstating		DATE			
IGNATURE .	Signature, typed	or printed name of regist	tered agent and title if	applicable. (NC FILE N Make Check P	NOW!!! I Payable to	d Agent signature required to the signature of the signat	uired when reinstating	a) ADDITIONS	DATE /CHANGES	☐ Change	_	
GNATURE .	Signature, typed MGR KROENKE 1001 CHE	MANAGING E, E. STANLEY ERRY STREET, S	tered agent and title if	applicable. (NC FILE N Make Check P	NOW!!! I Payable to	d Agent signature requirements E E E E E E E E E E E E E	uired when reinstating	ADDITIONS -05/1	/CHANGES	9687)1127	'——2 -021	
GNATURE TLE AME TREET ADDRESS TY-ST-ZIP	MGR KROENKE 1001 CHE COLUMBIA	or printed name of regist MANAGING E, E. STANLEY	tered agent and title if	FILE Make Check P	NOW!!! I Payable to	d Agent signature requirements E E E E E E E F E F F F F	uired when reinstating	ADDITIONS -05/1	DATE /CHANGES	9687)1127 ****	•——2 -021 •50.00	
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