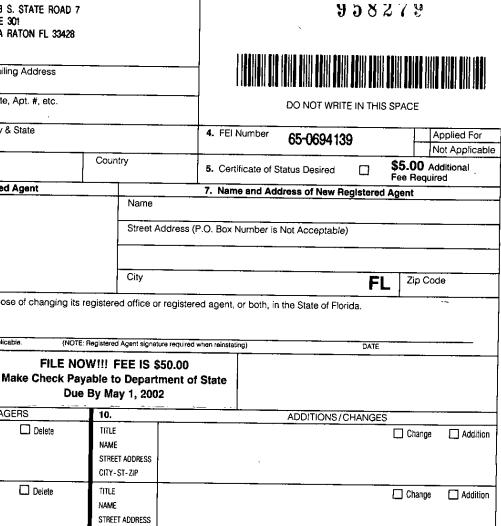
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9600000365 1. Entity Name COOPER CITY ASSOCIATES II, L.L.C. Principal Place of Business Mailing Address 23123 S. STATE ROAD 7 23123 S. STATE ROAD 7 SUITE 301 SUITE 301 **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 6. Name and Address of Current Registered Agent GORDON, JAMES N Street Address (P.O. Box Number is Not Acceptable) 23123 S. STATE ROAD 7 SUITE 301 **BOCA RATON FL 33428** City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90597 022 ****50.00



	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KROENKE, E. STANLEY 1001 CHERRY STREET, SUITE 308 COLUMBIA MO 65201 MGR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Adi	
NAME STREET ADDRESS CITY-ST-ZIP	GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ldition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
11. I hereby certify that the information supplied with this filing poes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of trustee empowered the security is report as required by Chapter 608, Florida Statutes.				

ANAGER, OR AUTHORIZED REPRESENTATIVE

Due By May 1, 2002