

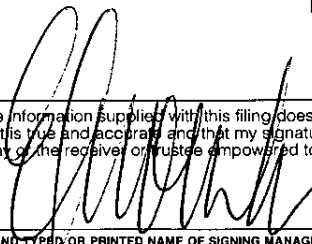


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90120 005 \*\*\*\*50.00

<b>DOCUMENT # L96000000365</b> 1. Entity Name <b>COOPER CITY ASSOCIATES II, L.L.C.</b>					
Principal Place of Business <b>23123 S. STATE ROAD 7 SUITE 301 BOCA RATON, FL 33428</b>			Mailing Address <b>23123 S. STATE ROAD 7 SUITE 301 BOCA RATON, FL 33428</b>		
2. Principal Place of Business <b>1001 Cherry St</b> Suite, Apt. #, etc. <b>Suite 308</b>		3. Mailing Address <b>1001 Cherry St</b> Suite, Apt. #, etc. <b>Suite 308</b>			
City & State <b>Columbia MO</b>		City & State <b>Columbia MO</b>		4. FEI Number <b>65-0694139</b>	
Zip <b>65201</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORDON, JAMES N 23123 S. STATE ROAD 7 SUITE 301 BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KROENKE, E. STANLEY 1001 CHERRY STREET, SUITE 308 COLUMBIA, MO 65201</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GORDON, JAMES N 23123 S. STATE ROAD 7, SUITE 301 BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I 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 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.					
<b>SIGNATURE:</b> 			Date <b>4/23/04</b> Daytime Phone # <b>(573) 449-8323</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					