

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M98000000302

1. Entity Name
SLP II LLC

00 JUN -5 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
712 N. SECOND ST., SUITE 200
ST. LOUIS MO 63102

Mailing Address
712 N. SECOND ST., SUITE 200
ST. LOUIS MO 63102-1741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 S. Broadway
Suite, Apt. #, etc.

10 S. Broadway
Suite, Apt. #, etc.

Suite 1400

Suite 1400

City & State

City & State

St. Louis, MO

St. Louis, MO

Zip
63102

Country

Zip
63102

Country

4. FEI Number

43-1801566

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
EDMONDS, HENRY M
712 N. SECOND ST., SUITE 200
ST. LOUIS MO 63102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
10 S. Broadway, Suite 1400

TITLE
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CITY - ST - ZIP

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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.

SIGNATURE: X

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

5/31/00

Date

314-621-7525

Daytime Phone #

CR2E083 (9/99)