


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE MAY 12 1999 9:32	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # M98000001007</b>  U.S. 19 PROPERTY, LLC 120 WEST 12TH STREET, SUITE 1800 KANSAS CITY MO 64105		<b>1a. Principal Place of Business Address</b>  120 WEST 12TH STREET, SUITE KANSAS CITY MO 64105			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Mailing Address</b> <i>PO Box 3000</i> <i>EDWARDS CO 81632</i>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>3. Date Organized or Qualified</b> 09/14/1998  <b>3a. State of Formation</b> MO  <b>4. FEI Number</b> <i>43-1876737</i> <b>APPLIED FOR</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City                      Zip Code <div style="text-align: right;"><b>FL</b></div>			
<b>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 as registered agent, and accept the obligations.</b>					
SIGNATURE <i>Michael Marshall</i> <small>(Registered Agent Accepting Appointment) (P.O. Box Number is Not Acceptable)</small>		DATE <i>4-16-99</i>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
<b>MGRM</b>	<i>MARSHALL</i> <b>GORDON, MICHAEL</b>	<b>60 HOWARD DRIVE</b>		<b>EDWARDS CO 81632</b>	
3000002881863-8 05/20/99-01085-024 ***188.75 ***188.75					
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attachment with an address.</b>					
<b>SIGNATURE:</b> <i>Michael Marshall</i>					