2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000261

1. Entity Name
AMERICAN ENERGY PARTNERS, L.C.

FILED
2001 MAY -2 PM 3:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7650 COURTNEY CAMPBELL CAUSEWAY. STE 1120 TAMPA FL 33607	7650 COURTNEY CAMPBELL CAUSEWAY. STE 1120 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3429647 ☐ 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
KRUSEN, ANDREW W JR. 7650 COURTNEY CAMPBELL CAUSEWAY, SUITE 1120 TAMPA FL 33607	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating)

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	MGR KRUSEN, W A JR. 7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120 TAMPA FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AYALA, GLENN ~~4925 DEVENWOOD WAY SE~~ ~~STUART FL 34997~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8949 SE Bridge Rd., # 140 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004334520--6 -05/30/01--01078--001 *****50.00
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CR2E083 (11/00)

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: Andrew Krusen Jr. 4-27-01 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #