2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-08-2002 90079 004 ****50.00

DOCUMENT # L97000000261

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

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

[redacted]
86607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
712 S. Oregon Ave	712 S. Oregon Ave
Suite Apt. #, etc. 200	Suite Apt. #, etc. 200
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country:	Zip: 33606 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

KRUSEN, ANDREW W JR.
~~7650 COURTNEY CAMPBELL CAUSEWAY,~~
~~SUITE 1120~~
TAMPA FL 33607

712 South Oregon Ave. Ste 200 Tampa FL 33606

7. Name and Address of New Registered Agent

Name: Krusen, Andrew W. Jr.
Street Address (P.O. Box Number is Not Acceptable): 712 S. Oregon Ave. Suite 200
City: Tampa FL Zip Code: 33606

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] W.A. Krusen, Jr. 4-25-02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		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 712 S. Oregon Ave., Suite 200 Tampa, FL 33606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AYALA, GLENN 8949 SE BRIDGE RD #140 HOBE SOUND FL 33455 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: [signature] W.A. Krusen Jr. 4-25-02 813-832-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #