A0300000076

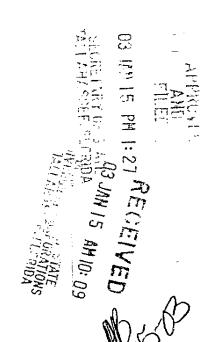
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600009978866

01/15/03-01014-+016 **25.00





UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

<u>uuu</u>		=		
FILING & SEARCH				January 15, 2003
SERVICES	CORPO	DRATION NAM	1E (S) AND DOCU	MENT NUMBER (S)
	lanagement	t Enterprises, Ltd	<u>. </u>	
Filing Evidence □ Plain/Confirmation Cop	ру		Type of Docum Certificate of Sta	· ·
□ Certified Copy		and -	Certificate of Go	od Standing
F	710	2rd "	Articles Only	i i
Retrieval Request Photocopy Certified Copy			Articles & Amer Fictitious Name	!
NEW FILINGS	T AM	ENDMENTS		}
Profit	 	endment		
Non Profit		ignation of RA C	Officer/Director	1 2 S S S S
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Mer	rger		PM 1:27
OTHER FILINGS	REC	GISTRATION/Q	UALIFICATION	27 all 27
Annual Reports	Fore	eign _		<u> </u>

<u> </u>	OTHER FILINGS
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

X	Stmt	Ωf	Oual
∠ \.	Dun	OL	Quai

REGIS	STRATION/QUALIFICATION
Foreig	n
Limite	d Liability
Reinsta	atement
Traden	nark

Other

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

States	1.	The name of the limited partnership in the records of the Florida Department of
State:		AE Management Enterprises, Ltd.
	Insert Or	limited partnership's Florida document number:
	Attach	certificate of limited partnership, affidavit of capital contributions and applicable partnership filing fees.
	2.	Suffix adopted for the above named partnership: LLLP
	3.	The street address of its chief executive office: Same as Recorded Address (if different from recorded address):
	4.	The street address of principal office in Florida: Same as above. (if different from above):
,	5.	The limited partnership hereby elects to be a limited liability limited partnership.
	6.	The effective date of this filing shall be:
		$\underline{\mathbf{X}}$ as of the date this document is filed with the Florida Secretary of State or
		a date later than the time of filing:
proces	7.	The name of the Florida street address of the partnership's agent for service of
ргосоз		Iogo Egophon
		9246 S.W. 144 th Place Miami, Florida 33186
of perj	The ex	tecution of this statement as a partner constitutes an affirmation under the penalties the facts stated herein are true.
	Signed	this 31 day of Octuber, 2002.
	Signat	ures of TWO Partners: Jose M. Rescobar S.
	Typed	or printed names of partners JOSE ESCOBAR ALEX ESCOBAR