

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/12



DO NOT WRITE IN THIS SPACE

DOCUMENT # A21418
1. Entity Name
AEI REAL ESTATE FUND 85-A LIMITED PARTNERSHIP

Principal Place of Business: 1300 MINNESOTA WORLD TRADE CENTER, 30 EAST SEVENTH ST., ST PAUL MN 55101
Mailing Address: 1300 MINNESOTA WORLD TRADE CENTER, 30 EAST SEVENTH ST., ST PAUL MN 55101-4914

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

4. FEI Number: 41-1511293
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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, (NOTE: Registered Agent signature required when reinstating), DATE

9. Capital Contributions as Shown on record: \$900,000.00
10. Amount of Capital Contributions in FLORIDA to date: \$900,000.00
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F93000000011
NAME	NET LEASE MANAG. 85-A
STREET ADDRESS	30 EAST SEVENTH ST.
CITY - ST - ZIP	ST. PAUL MN
DOCUMENT #	
NAME	JOHNSON, ROBERT P.
STREET ADDRESS	30 EAST SEVENTH ST.
CITY - ST - ZIP	ST. PAUL MN
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *MARK E LARSON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: MARK E LARSON, TREASURER OF NET LEASE MGMT 85-A, INC.
Date: 3/17/00
Daytime Phone #: 651-227-7333