APPROVEU

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29839 1. Entity Name 00 MAR 31 AM 10: 30 AEI REAL ESTATE FUND XVIII LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1300 MINNESOTA WORLDTRADE CENTER 1300 MINNESOTA WORLDTRADE CENTER 30 EAST SEVENTH ST. 30 EAST SEVENTH ST. ST. PAUL MN 55101 ST. PAUL MN 55101-4914 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 41-1622463 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -C T-CORPORATION-SYSTEM- 👡 🖚 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contribution \$20,000,000.00 **\$963.000** SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS JOHNSON, ROBERT P. NAME STREET ADDRESS 30 EAST SEVENTH STREET CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN 04/19/00--01002--019 DOCUMENT # F93000000017 STREET ADDRESS ****258 NAME AEI FUND MGMT XVIII. INC STREET ADDRESS 30 EAST SEVENTH ST. CITY-ST-ZIP CITY-ST-ZIP ST. PAUL MN DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP Programme to CITY - ST - ZIP 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 emptywered to execute this report as required by Chapter 620, Florida Statutes

MARK E. LARSON,

KE'REQUIRED TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/00 651-227-7333