2002 UNIFORM BUSINESS REPORT (UBR) A9400000770 **DOCUMENT #** 1. Entity Name FILED AEP PEMBROKE, LTD. 02 MAY -3 PM 3: 29 Principal Place of Business Mailing Address ONE TURNBERRY PLACE SECRETARY OF STATE ONE TURNBERRY PLACE TALLAHASSEE, FLORIDA 19495 BISCAYNE BLVD., SUITE 600 19495 BISCAYNE BLVD., SUITE 600 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0597680 Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name BATIEVSKY, HENRY ESQ. ONE TURNBERRY PLACE Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD., SUITE 600 **AVENTURA FL 33180** 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$99,000.00 as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # AMERICAN EQUITY PROPERTIES, INC. NAME STREET ADDRESS CR2E003 (9/01) STREET ADDRESS 19495 BISCAYNE BLVD., SUITE 600 CITY-ST-ZIP **AVENTURA FL 33180** City-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS <del>700005601027--</del> -05/24/02--01009--015 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # <del>\*\*\*\*526.05 -\*\*\*\*526.05</del> NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** NAME STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

TURE AND MEED OR PRINTED NAME OF GINING GENERAL PARTNER

4/10/02 (305) 933-9200