## 2002 UNIFORM BUSINESS REPORT (JER)

**DOCUMENT #** 1. Entity Name

,A96000002223

AEP DADE, LTD.

CORAL GATE CORNEK, LTO

AMENO FILED

Principal Place of Business ONE TURNBERRY PLACE 19495 BISCAYNE BLVD., SUITE 600

Mailing Address

ONE TURNBERRY PLACE 19495 BISCAYNE BLVD., SUITE 600 APPROVEL ·AND FILED

02 MAY 31 PM 2: 34

SECRETARY OF STATE TALL AHASSEE, FLORIDA

AVENTURA FL 33180			AVENTURA FL 33180								<b>.</b> (1 <b>1)                                  </b>	
2. Principal Place of Business				Mailing Address		·						
Suite, Apt. #, etc.				Suite, Apt. #, etc.		<del></del>		DUE BY MAY 1, 2002				
City & State				City & State		W	4. FEI Number	4. FEI Number 65-0713574 Applied For				
Zip Country			2	Zip		itry	5. Certificate of	of Status Desired			Not Applicable Additional	
6. Name and Address of Current R				ered Agent				Fee Required 7. Name and Address of New Registered Agent				
						Name						
BATIEVSKY, HENRY ESQ. ONE TURNBERRY PLACE 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180						Street Address (P.O. Box Number is Not Acceptable)						
						City	FL Zip Code					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital Co in FLORIDA to date.					al Contrib	outions		11. MAKE CHECK I				
	A G	ENERAL PARTNER T General Partners MA	HAT I	S A BUSINESS EN	TITY M	UST BE REGI	STERED AND AG	SEE REVERSE CTIVE WITH THIS to change a gene	OFFICE		HORMATION	
12.	GENERAL PARTNER INFORMATION 1					<del>`</del>	ADDRESS CHANGES ONLY					
DOCUMENT # NAME STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	AVENTUR	A FL 33180			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

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

DOCUMENT\*

CITY-ST-ZIP

NAME STREET ADDRESS

HEWRY BATTEVSKY