FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
JAN -7 PM 1:37

1. Name of Limited Partnership

1a. DOCUMENT # B95000000449

WIMSATT-AEE LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
1831 PLANTSIDE DR. LOUISVILLE KY 40299	1831 PLANTSIDE DR. LOUISVILLE KY 40299

2. Mailing Address: 4910 BARDSTOWN RD
Suite, Apt #, etc
City & State: LOUISVILLE KY
Zip: 40291 Country: U.S.A.

2a. Principal Office Address: 4910 BARDSTOWN RD
Suite, Apt #, etc
City & State: LOUISVILLE KY
Zip: 40291 Country: U.S.A.

3. Date Formed or Registered: 12/12/1995

3a. Date of Last Report: 11/03/1997

4. State or Country of Formation: KY

5a. Capital Contributions as Shown on record: $100,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 100,000 —

☑ Applied For
☐ Not Applicable

6. FEI Number: 61-1304555

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make checks payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ROBB, CAROL
7197 BALBOA DR.
ORLANDO FL 32818

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
WIMSATT, GEORGE M JR.	~~1839 PLANTSIDE DRIVE~~ 4910 BARDSTOWN ROAD	LOUSIVILLE KY ~~40299~~ 40291	

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: George Wimsatt DATE: 1-4-99

Typed or Printed Name of General Partner Signing Form: George Wimsatt Daytime Telephone Number: 502-495-2131

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