

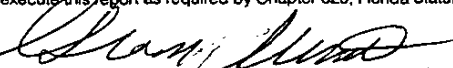


05 FEB 28 AM 11:29

DOCUMENT # B95000000449				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name WIMSATT-AEE LIMITED PARTNERSHIP		05 FEB 28 AM 11:29			
Principal Place of Business 4910 BARDSTOWN ROAD LOUISVILLE, KY 40291		Mailing Address 4910 BARDSTOWN ROAD LOUISVILLE, KY 40291			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 61-1304555	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBB, CAROL 7197 BALBOA DR. ORLANDO, FL 32818				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. 2,161,314.00		10. Amount of Capital Contributions in FLORIDA to date. 0			
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				13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		WIMSATT, GEORGE M JR. 4910 BARDSTOWN ROAD LOUISVILLE, KY 40291		STREET ADDRESS 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:  2/23/05 562 495					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					