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2000	LINIFORM	BUSINESS	RFPORT	(UBR
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DOCUMENT # B9900000123 1. Entity Name AEACUS REAL ESTATE LIMITED PARTNERSHIP						FILED					
						00 JAN 27 PM 3: 20					
Principal Place of Business PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS Mailing Address PO BOX 87, 22 GRENVILLE ST. HELIER, JERSEY JE48F CHANNEL ISLANDS CHANNEL ISLANDS						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State City & State			City & State			4. FEI Number				Applied For Not Applicable	
Zip		Country	Ž	Zip	Coun	try	5. Certificate of	Status Desired			Additional quired
	6. Name	and Address of Curr	ent Regist	ered Agent			7. Name and A	ddress of New Re	gistered A	gent	
SMITHER, ROBERT M JR.					Name Street Address (et Address (P.O. Box Number is Not Acceptable)					
_14_S_SWI	INTON-AVE	·	<i>-</i>	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
DELRAY B	BEACH FL	33444				City			FL	Zip	Code
3. The above	named entit	y submits this stateme	nt for the p	urpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flor		<u> </u>	
SIGNATURE .	Signature typed	or printed name of registered a		applicable (NOT)	- Recusterer	d Agent signature required	when reinstating)		DATE		
9. Capital Cor as Shown o	ntributions	\$15,000,000.0		10. Amount of Capita	al Contril			11. MAKE CHECK			PT. OF STATE NFORMATION
	Δ.	GENERAL PARTNE	R THAT	S A BUSINESS EN T be changed on th	TITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS	OFFICE	•	
12.	NOIE	GENERAL PART			13.	, an amendmen	t most be med	ADDRESS CHA			
DOCUMENT# F99000001398 FENSTONE DEVELOPMENTS LIMITED COMPANY					ET ADORESS						
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 22 GRENVILLE ST.				СПУ	-ST-ZIP					
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WAME STREET ADORESS CITY - ST - ZIP						ET ADORESS - ST-ZIP					
14. I hereby certify that the information supplied wan 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 host 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: CEVIN PER FACUETIC DIRECTORING GENERAL PARTNER GENERAL PARTNER CENTRAL Date Daytime Priore #											