2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000123

1. Entity Name

AEACUS REAL ESTATE LIMITED PARTNERSHIP

FILED

02 AUG 13 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS	PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS

2. Principal Place of Business	3. Mailing Address
	255 NE 6TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DELRAY BEACH, FL
Zip / Country	Zip: 33483 Country: USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0739697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITHER, ROBERT M JR. 14 S. SWINTON AVE. CHANGE ADDRESS ONLY. DELRAY BEACH FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) 255 NE 6TH AVE City DELRAY BEACH FL Zip Code 33483

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 [signature] DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $15,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	F99000001398 FENSTONE DEVELOPMENTS LIMITED COMPANY 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

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: [signature] TREASURER ROBERT M. SMITHER, JR 8/8/02 (561) 243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #