

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012817 AT

DOCUMENT # B99000000123

1. Entity Name  
AEACUS REAL ESTATE LIMITED PARTNERSHIP



FILED

03 APR 15 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
255 NE 6TH AVENUE  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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.  
255 N.E. 6TH AVENUE  
DELRAY BEACH FL 33483

Name  
WILLIAM R. WINTZER

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 William R. Wintzer WILLIAM R. WINTZER A/E GEN PARTN 4/14/03  
Signature, typed or printed name of registered agent and title if applicable. DATE

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 FL. 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 # F99000001398  
NAME FENSTONE DEVELOPMENTS LIMITED COMPANY  
STREET ADDRESS 22 GRENVILLE ST.  
CITY-ST-ZIP ST. HELIER, JERSEY JE48PX

STREET ADDRESS  
CITY-ST-ZIP 700016081437  
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CITY-ST-ZIP

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: SKILLARUFFE, EQUATED GEN PARTN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03 (56) 243-2400  
Date Daytime Phone #

CR2E003 (10/02)