

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000000005

1. Entity Name
AEI FUND MANAGEMENT XIX, INC.



Principal Place of Business
**30 EAST 7TH STREET STE 1300
 ST. PAUL, MN 55101**

Mailing Address
**30 EAST 7TH STREET STE 1300
 ST. PAUL, MN 55101**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-1677059** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

**DO NOT WRITE
 IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000535709
 05/08/06-80063-020 150.00

10. OFFICERS AND DIRECTORS

TITLE **PCD**
 NAME **JOHNSON, ROBERT P**
 STREET ADDRESS **30 EAST 7TH STREET, #1300**
 CITY-ST-ZIP **ST. PAUL, MN 55101**

TITLE **ST**
 NAME **KEENE, PATRICK W**
 STREET ADDRESS **30 EAST 7TH ST #1300**
 CITY-ST-ZIP **SAINT PAUL, MN 55101**

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK W KEENE

Date

4/24/06

Daytime Phone #

(651) 225-7738