


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000005**  
 1. Entity Name  
 AEI FUND MANAGEMENT XIX, INC.



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

**DO NOT WRITE IN THIS SPACE**



04172007    No Chg-P    CR2E034 (11/05)

4. FEI Number 41-1677059	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, ROBERT P 30 EAST 7TH STREET, #1300 ST. PAUL, MN 55101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEENE, PATRICK W 30 EAST 7TH ST #1300 SAINT PAUL, MN 55101
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 05/22/07-80088-004 150.00

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:** *Patrick W Keene*      **PATRICK W KEENE**      *4/28/07*      **(651) 225-7738**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #