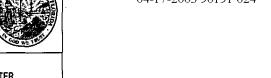
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F9300000005 **DOCUMENT #** 1. Entity Name AELELIND MANAGEMENT YIY INC





AEI FUND IVIANAGEMENT XIX, INC.							
Principal Place of Business 1300 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET ST. PAUL MN 55101		Mailing Address 1300 MINNESOTA WORLD TRADE CENTER 30 EAST 7TH STREET ST. PAUL MN 55101					
2. Principal Place of Business		3. Mailing Address		1 1846 114	, 18:00 1811 50 :18 0. 171 0.0 18 0.1 46		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	3 CHANGES	
City & State		City & State		4. FEI Number	4. FEI Number 41-1677059		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registered	Agent	
				Name			
	PORATION SYSTEM		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	ITH PINE ISLAND ROAD						
PLANTATI	ON FL 33324		}				
			City		FL	Zip Cod	e
	named entity submits this statement fo	r the purpose of changing its re	egistered office or re	stered agent, or both, in	n the State of Florida. I am	familiar with,	and accept
SIGNATURE					DATE		 -
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature	ured when reinstating)	DATE		
	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				on Campaign Financing		0 May Be
	k Payable to Florida Department of	State		Irust F	Fund Contribution. L	Added	to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, ROBERT P 30 EAST 7TH STREET, #1300 ST. PAUL MN 55101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	ST L¦RSON, MARK E 30 EAST 7TH STREET, #1300 ST: PAUL MN 55101	⊠ Delete	NAME STREET ADDRESS	T EENE, PATRIC, O EAST 774 T PAUL, MN	K W STREET, #1300 55101	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.149	☐ Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 or supplied entry 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