

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90203 024 \*\*\*150.00

**DOCUMENT # F93000000019**

1. Entity Name

AEI FUND MANAGEMENT 86-A, INC.



Principal Place of Business

1300 MINNESOTA WORLD TRADE CENTER  
30 EAST SEVENTH STREET  
SAINT PAUL, MN 55101

Mailing Address

1300 MINNESOTA WORLD TRADE CENTER  
30 EAST SEVENTH STREET  
SAINT PAUL, MN 55101

24068011

2. Principal Place of Business

30 EAST 7TH STREET

Suite, Apt. #, etc.

STE # 1300

City & State

ST PAUL, MN

Zip

55101

Country

USA

3. Mailing Address

30 EAST 7TH STREET

Suite, Apt. #, etc.

STE # 1300

City & State

ST PAUL, MN

Zip

55101

Country

USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

41-1539687

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 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

Daytime Phone #

4/28/04 (651) 227-7333