

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000019**

1. Entity Name  
AEI FUND MANAGEMENT 86-A, INC.



Principal Place of Business  
30 EAST 7TH STREET #1300  
SAINT PAUL, MN 55101

Mailing Address  
30 EAST 7TH STREET #1300  
SAINT PAUL, MN 55101



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
41-1539687

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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 STREET, SUITE 1300 |
| CITY-ST-ZIP    | SAINT PAUL, MN 55101           |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

1100000335571  
04/27/05-80088-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Patrick W Keene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICK W KEENE**

**4/25/05 (651) 227-7333**

Date

Daytime Phone #