

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90030 004 ****50.00

0026872

DOCUMENT # L02000031148

1. Entity Name

AE GENERAL PARTNER, LLC



Principal Place of Business

% DAVID SHAPIRO, MANAGING MEMBER
777 SOUTH FLAGLER DRIVE, #800 WEST TOWER
WEST PALM BEACH FL 33401

Mailing Address

% DAVID SHAPIRO, MANAGING MEMBER
777 SOUTH FLAGLER DRIVE, #800 WEST TOWER
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1863959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDOLFO, PHILLIP T JR ESQ
GREENBERG TRAURIG, P.A.
777 S. FLAGLER DRIVE, SUITE 300E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: **LAURIE L. GILDAN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
777 SOUTH FLAGLER DR.
SUITE 300 EAST TOWER

City: **WEST PALM BEACH** FL Zip Code: **33401**

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 **3/31/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **DAVID SHAPIRO**
STREET ADDRESS **777 SOUTH FLAGLER DR, #800 WEST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **3/31/03** DAYTIME PHONE # **561-545-6038**

CR2E083 (10/02)