

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000261

1. Entity Name

AMERICAN ENERGY PARTNERS, L.C.

Principal Place of Business

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

2. Principal Place of Business

712 S. Oregon Ave

3. Mailing Address

712 S. Oregon Ave

Suite Apt. #, etc.

200

Suite Apt. #, etc.

200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. FEI Number

59-3429647

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUSEN, ANDREW W JR.

7650 COURTNEY CAMPBELL CAUSEWAY,

SUITE 1120

TAMPA FL 33607

712 South Oregon Ave.
STE 200
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name

Krusen, Andrew W. Jr.

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

712 S. Oregon Ave.

Suite 200

City

Tampa

FL

Zip Code

33606

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.

SIGNATURE

W. A. Krusen, Jr. W. A. Krusen, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	KRUSEN, W A JR.	
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	MGR	☐ Delete
NAME	AYALA, GLENN	
STREET ADDRESS	8949 SE BRIDGE RD #140	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	712 S. Oregon Ave., Suite 200	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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:

W. A. Krusen, Jr. W. A. Krusen, Jr.

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

4-25-02

Date

813-832-3009

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-08-2002 90079 004 ****50.00

86607



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)