

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000268**

1. Entity Name

A.E.F. CAPITAL MANAGEMENT, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605

Mailing Address

1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605-3577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10414 NW 149th PL

3. Mailing Address

10414 NW 149th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL.

City & State

Alachua, FL.

4. FEI Number

59-3503259

Applied For

Not Applicable

Zip

32615

Country

USA
Alachua

Zip

32615

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, JOSEPH D
1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name **MORGAN T. ELLIS**
Street Address (P.O. Box Number is Not Acceptable)
10414 NW 149th PL.
City **Alachua** FL Zip Code **32615**

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 *Morgan T. Ellis* - MORGAN T. ELLIS 1-18-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME ELLIS, JOSEPH D
STREET ADDRESS 1834 NORTHWEST 39TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Change Delete
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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: *Morgan T. Ellis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 1/20/00 Date Daytime Phone #