2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A98000001631

1. Entity Name

AJK FOX, LTD.

FILED
04 MAY 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

MOORE CR2E003 (11/03) 5/18

Principal Place of Business	Mailing Address
11377 SW 84TH STREET, APT. 524 MIAMI FL 33173	11377 SW 84TH STREET, APT. 524 MIAMI FL 33173

2. Principal Place of Business	3. Mailing Address
8466 SW 113 Place Suite, Apt. #, etc.	8466 SW 113 Place Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: USA	Zip: 33173 Country:

4. FEI Number 65-0850494 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,699,653.04	$1,699,653.04	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000058969	STREET ADDRESS	8466 SW 113 Place
NAME	KRISTI INVESTMENT GROUP, INC.	CITY-ST-ZIP	Miami, FL 33173
STREET ADDRESS	11377 SW 84TH STREET, APT. 524		
CITY-ST-ZIP	MIAMI FL 33173		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Joyce Ann Fox Joyce Ann Fox 4/25/04 305-596-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #