

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 OCT 16 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership A.H.K. LTD.		1a. DOCUMENT # A23041 95-AR CM	
Mailing Address P.O. BOX 1284 ST. AUGUSTINE FL 32085		Principal Office Address 216 CLATTER BRIDGE ROAD PONTE VEDRA BEACH FL 32082	
2. Mailing Address 216 Clatter Bridge Rd		2a. Principal Office Address 216 Clatter Bridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State FL	
Zip 32082		Zip 32082	
3. Date Formed or Registered 08/12/1986		5a. Capital Contributions as Shown on record \$49,992.00	
3a. Date of Last Report 11/07/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2780934 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent ALEXON, JOHN 216 CLATTER BRIDGE PALM VALLEY FL 32082		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ALEXON, JOHN	216 CLATTER BRIDGE RD	PONTE VEDRA BEACH FL	700002324507-10/20/97-01125-005 ****453.75 ****453.75
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE John J Alexon		DATE 10/10/97	
Typed or Printed Name of General Partner Signing Form John J Alexon		Daytime Telephone Number 904 824-4210	

CR2E003 (6/97)