2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # A23041 1. Entity Name A.H.K., LLLP Principal Place of Business Mailing Address 51 S ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 51 S ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied Far 4. FEI Number 59-2780934 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXON, JOHN Street Address (P.O. Box Number is Not Acceptable) 51 S ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 Zip Code City 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 Signalure typed or printed name of registered agent and ritle if applicable DATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State 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 ADDRESS CHANGES ONLY 13. DOCUMENT # U000004203**57** STREET ADDRESS NAME ALEXON, JOHN 02/15/06-80046-017-500.00 STREET ADDRESS 51 S ROSCOE BLVD. CITY-ST-JIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-\$7-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENS # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-27P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-70

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatindicated on this report is true and accurate and that my signature shall have the same tegal effect as it made under oath; that I am a General Partner of the limited partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Herr

SIGNATURE:

FILED

2/6/06