

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

**FILED  
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.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**ALEXON, JOHN  
51 S ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32082**

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

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	000000420357
NAME	ALEXON, JOHN	CITY-ST-ZIP	02/15/06-80046-017 500.00
STREET ADDRESS	51 S ROSCOE BLVD.		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 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: *John J Alexon* John J Alexon 2/6/06