2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23041

1. Entity Name
A.H.K., LLLP

FILED
03 FEB 14 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
216 CLATTER BRIDGE ROAD PONTE VEDRA BEACH FL 32082	216 CLATTER BRIDGE ROAD PONTE VEDRA BEACH FL 32082

2. Principal Place of Business	3. Mailing Address
2781 LeMans Ct	2781 LeMans Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra FL	City & State: Ponte Vedra, FL
Zip: 32082 Country:	Zip: 32082 Country:

DUE BY MAY 1, 2003

4. FEI Number 59-2780934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEXON, JOHN 216 CLATTER BRIDGE PALM VALLEY FL 32082	Name Street Address (P.O. Box Number is Not Acceptable): 2781 LeMans Ct. City: Ponte Vedra FL Zip Code: 32082

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: John J Alexon
Signature, typed or printed name of registered agent and title if applicable.
DATE

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
$49,992.00		

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	2781 LeMans Ct.
NAME	ALEXON, JOHN	CITY-ST-ZIP	Ponte Vedra Beach FL 32082
STREET ADDRESS	216 CLATTER BRIDGE ROAD		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: John J Alexon John J Alexon 2/7/03 (904)8244210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #