


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # A98000001631

1. Entity Name
AJK FOX, LTD.



Principal Place of Business Mailing Address

**8466 SW 113 PLACE
MIAMI, FL 33173** **8466 SW 113 PLACE
MIAMI, FL 33173**



01252006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
65-0850494 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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**

DO NOT WRITE IN THIS SPACE

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 \$500.00
After May 1, 2006, Fee will be \$900.00**

**U00000469610
03/27/06-80007-008 500.00**

**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

DOCUMENT #	P98000058969
NAME	KRISTI INVESTMENT GROUP, INC.
STREET ADDRESS	8466 SW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33173
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joyce A. Fox Joyce A. Fox 3/13/06 305-596-6051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #