

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001631**



1. Entity Name  
**AJK FOX, LTD.**

**FILED**

**03 FEB 11 AM 10:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**11377 SW 84TH STREET, APT. 524  
MIAMI FL 33173**

Mailing Address  
**11377 SW 84TH STREET, APT. 524  
MIAMI FL 33173**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0850494**

Applied For  
Not Applicable

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

**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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,699,653.04**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>P98000058969</b>
NAME	<b>KRISTI INVESTMENT GROUP, INC.</b>
STREET ADDRESS	<b>11377 SW 84TH STREET, APT. 524</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000011902060</b>
CITY-ST-ZIP	<b>02/06/03--01022--001 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Alice Fox** 1/24/2003 305-595-3085