2000 F	UNIFORM	BUSINESS	REPORT	(UBR
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SIGNATURE:

	MENT # A9800	00000421					
1. Entity Name 103RD STREET EQUITIES, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 4347 - 10 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216 Address 4347 - 10 UNIVERSITY BOU JACKSONVILLE FL 32216				RD SOUTH	00 APR 21 AM 3: 05		
Principal Place of Business 3. Mailing Address			.				
Suite, Apt. #, etc. Suite, Apt. #, etc.		۶		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-3493141	Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired Fee Re	5 Additional equired	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent		
SLEIMAN, PETER D 4347-10 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
	Signature, typed or printed name of registered agen			nd Agent signature requ	uired when reinstating) DATE 11. MAKE CHECK PAYABLE TO DE	EDT OF STATE	
9. Capital Co as Shown o	on record.	10. Amount of Capit in FLORIDA to c	late.		SEE REVERSE SIDE FOR FEE		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	itity M he form	IUST BE REGI i; an amendm	ISTERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.	GENERAL PARTNE	R INFORMATION	13.		ADDRESS CHANGES ONLY		
OCUMENT P93000087854 AME SLEIMAN PROPERTIES, INC. TREET ADDRESS 4347-10 UNIVERISTY BOULEVARD SOUTH			EET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32216			/-ST-ZIP			
IAME STREET ADDRESS CITY-ST-ZIP			ĺ	EET ADORESS	<u>20000324992</u> -05/12/0001023 ****141.25 ***	28 }012 **141-25	
DOCUMENT #			STR	EET ADORESS	77.7.5		
STREET ADDRESS CITY - ST - ZIP			слу	∕-St-ZIP			
OCCUMENT #			STR	EET ADDRESS			
STREET ADDRESS CXTY - ST - ZIP DOCUMENT #			CITY	/-ST-ZIP			
WAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP DOCUMENT#				EET ADDRESS			
NAME STREET ADDRESS ; CITY - ST - ZIP				(-ST-ZIP			
	certify that the information supplied wi	Th this filing does not qualify fo	or the exe	L emption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that	It the information	
indicated the receiv	on this report is true and accurate and recorded to execute the contract of th	d that my signature shall have his report as required by Char	the sam oter 620,	e legal effect as Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that if made under oath; that I am a General Partner of the lim	lited partnership or	

4 20 00 Date

(904) 731-8800₀ Daytime Phone #