

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:32

DOCUMENT # A97000000134

1. Entity Name  
 MONCRIEF EQUITIES, LTD.



Principal Place of Business  
 1 SLEIMAN PARKWAY, SUITE 280  
 JACKSONVILLE, FL 32216

Mailing Address  
 1 SLEIMAN PARKWAY, SUITE 280  
 JACKSONVILLE, FL 32216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3423547

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

HEEKIN, M. MARK  
 1 SLEIMAN PARKWAY, SUITE 280  
 JACKSONVILLE, FL 32216

Name

Bernard E. Smith

Street Address (P.O. Box Number is Not Acceptable)

1 Sleiman Parkway

Suite 280

City

Jacksonville

FL

Zip Code

32216

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.

\$1,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 # P97000004028  
 NAME MONCRIEF EQUITIES, INC.  
 STREET ADDRESS 1 SLEIMAN PARKWAY, SUITE 280  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600031860996  
 04/06/04--01024--011 \*\*141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Peter D. Sleiman

3-4-04

904-731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE