


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

DOCUMENT # A97000000134		
1. Entity Name MONCRIEF EQUITIES, LTD.		

**FILED**

06 JUN 13 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

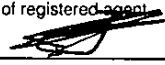
Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216	Mailing Address 1 SLEIMAN PARKWAY, SUITE 280 JACKSONVILLE, FL 32216
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3423547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SLEIMAN, PETER D 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216	

7. Name and Address of New Registered Agent	
Name Sleiman, Eli T., Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway	
Suite 270	
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 	Eli T. Sleiman, Jr. 4/6/06
Signature, typed or printed name of registered agent and title if applicable. DATE	

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>	
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**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 #	P97000004028	STREET ADDRESS	900076365759
NAME	MONCRIEF EQUITIES, INC.	CITY-ST-ZIP	06/20/06 01014 020 **\$500.00
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	nc 6/13
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: 	Eli T. Sleiman, Jr. 4/6/06 (904) 731-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #	

STAPLE CHECK HERE