

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

DOCUMENT # A97000000155

1. Entity Name  
KERNAN EQUITIES, LTD.



**FILED**

06 JUN 13 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 SLEIMAN PARKWAY  
SUITE 270  
JACKSONVILLE, FL 32216

Mailing Address  
1 SLEIMAN PARKWAY  
SUITE 270  
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

03302006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3423687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # P96000040820  
NAME B.K. EQUITIES, INC.  
STREET ADDRESS 1 SLEIMAN PARKWAY, SUITE 280  
CITY-ST-ZIP JACKSONVILLE, FL 32216

DOCUMENT #  
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CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

up 6/13

100076365571  
06/20/06 01014 027 \*\*500.00

4. 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 #