


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000000155

1. Entity Name
KERNAN EQUITIES, LTD.





FILED

07 MAY 24 AM 9: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 1 SLEIMAN PARKWAY SUITE 270 270 JACKSONVILLE, FL 32216 | 1 SLEIMAN PARKWAY SUITE 270 270 JACKSONVILLE, FL 32216 |

| | | | |
|---|---------|---------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03152007 Chq-LP CR2E003 (12/06)

| | |
|-----------------------------|----------------|
| 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 | 7. Name and Address of New Registered Agent | |
|--|--|--------------------------------|
| SLEIMAN, ELI T JR. † SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216 | Name Robert K. White | |
| | 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 Robert K. White Robert K. White 3/20/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.

[illegible]

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: Robert K. White Robert K. White 3/20/07 904-731-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #