

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000582

1. Entity Name  
OAK LANE EQUITIES, LTD.



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3433807

Applied For

Not Applicable

Zip

Country

Zip

Country

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.  
1 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000007854 L07000045166  
NAME ~~SLEIMAN PROPERTIES, INC.~~ Knightboxx LC  
STREET ADDRESS 1 SLEIMAN PARKWAY, SUITE 270  
CITY-ST-ZIP JACKSONVILLE, FL 32216

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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:

*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 #

STAPLE CHECK HERE