

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000000600

1. Entity Name
SOUTH BEACH EQUITIES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:32

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.

02202004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3434389

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

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000031917**
NAME **SOUTH BEACH EQUITIES, INC.**
STREET ADDRESS **1 SLEIMAN PARKWAY, SUITE 280**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter D. Sleiman

Date

Daytime Phone #

3-4-04 904-731-8806

STAPLE CHECK HERE