

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000001481**

1. Entity Name  
**FERNANDINA EQUITIES, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

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.

02172004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3458514

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

**HEEKIN, M. MARK**  
 1 SLEIMAN PARKWAY, SUITE 280  
 JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

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

*Bernard E. Smith*

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 # **P93000087854**  
 NAME **SLEIMAN PROPERTIES, INC.**  
 STREET ADDRESS **1 SLEIMAN PARKWAY, SUITE 280**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

STREET ADDRESS  
 CITY-ST-ZIP **400031759124**  
**04/02/04--01079--025 \*\*141.25**

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 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:**

*Peter D. Sleiman*

**3-4-04 904-731-8806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE