

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000001481

1. Entity Name
FERNANDINA EQUITIES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 10:19

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.

City & State

City & State

Zip

Country

Zip

Country

02082005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3458514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH, BERNARD E~~
~~1 SLEIMAN PARKWAY, SUITE 280~~
~~JACKSONVILLE, FL 32216~~

7. Name and Address of New Registered Agent

Name
Peter D. Sleiman

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

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

Peter D. Sleiman

1-19-05

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

Peter D. Sleiman

1/19/05

904/731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE