


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A97000001481</b> 1. Entity Name <b>FERNANDINA EQUITIES, LTD.</b>	
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Principal Place of Business <b>1 SLEIMAN PARKWAY, SUITE 280</b> <b>JACKSONVILLE, FL 32216</b>	Mailing Address <b>1 SLEIMAN PARKWAY, SUITE 280</b> <b>JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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**FILED**

06 JUN 13 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




03242006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-3458514</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <del>SLEIMAN, PETER D</del> <b>1 SLEIMAN PARKWAY</b> <b>SUITE 270</b> <b>JACKSONVILLE, FL 32216</b>	7. Name and Address of New Registered Agent Name <b>Sleiman, Eli T., Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b> Suite <b>270</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>
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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  **Eli T. Sleiman, Jr.** **4/6/06**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	P93000087854	STREET ADDRESS	
NAME	SLEIMAN PROPERTIES, INC.	CITY-ST-ZIP	<b>up 6/13</b>
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>400076365474</b>
STREET ADDRESS			<b>06/20/06--01014--025 **500.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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:  **Eli T. Sleiman, Jr.** **4/6/06** (904) 731-8806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE