


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

<b>DOCUMENT # A97000001481</b> 1. Entity Name <b>FERNANDINA EQUITIES, LTD.</b>	
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FILED  
 07 MAY 24 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>1 SLEIMAN PARKWAY, SUITE 200 270</b> <b>JACKSONVILLE, FL 32216</b>	Mailing Address <b>1 SLEIMAN PARKWAY, SUITE 200 270</b> <b>JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
<b>SLEIMAN, ELI T JR.</b> <b>1 SLEIMAN PARKWAY</b> <b>SUITE 270</b> <b>JACKSONVILLE, FL 32216</b>	

7. Name and Address of New Registered Agent	
Name <b>Robert K. White</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b>	
Suite 270	
City <b>Jacksonville</b>	Zip Code <b>FL 32216</b>

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	
DOCUMENT #	<b>P93000087854</b>
NAME	<b>SLEIMAN PROPERTIES, INC.</b>
STREET ADDRESS	<b>1 SLEIMAN PARKWAY, SUITE 200 270</b>
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32216</b>

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>600103638486</b>
CITY - ST - ZIP	<b>06/01/07--01007--007 **500.00</b>

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