

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

DOCUMENT # A97000001679

1. Entity Name  
 PRISTINE EQUITIES, LTD.



**FILED**

06 JUN 13 PM 12:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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

03242006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3459397

Applied For

Not Applicable

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

SLEIMAN, PETER D  
 1 SLEIMAN PARKWAY  
 SUITE 270  
 JACKSONVILLE, FL 32216

Name

Sleiman, Eli T., Jr.

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

Eli T. Sleiman, Jr.

DATE

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

**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 # P96000092798  
 NAME MCDAVIN DEVELOPMENT CORP.  
 STREET ADDRESS 1 SLEIMAN PARKWAY, SUITE 270  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

STREET ADDRESS

CITY-ST-ZIP

no 6/13

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000076365820  
 06/29/06 01014 033 \*\*500.00

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 NAME  
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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 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.

(904) 781-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE