


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000001768 1. Entity Name ST. JOHNS EQUITIES, LTD.	
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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
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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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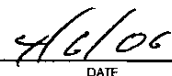
03272006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3466362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent SLEIMAN, PETER D 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent 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
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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.** 
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 NAME SLEIMAN PROPERTIES, INC. STREET ADDRESS 1 SLEIMAN PARKWAY, SUITE 270 CITY-ST-ZIP JACKSONVILLE, FL 32216	STREET ADDRESS CITY-ST-ZIP nc 6/13
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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) 731-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE