


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000001768 1. Entity Name ST. JOHNS EQUITIES, LTD.	
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Principal Place of Business 1 SLEIMAN PARKWAY, SUITE 200 270 JACKSONVILLE, FL 32216	Mailing Address 1 SLEIMAN PARKWAY, SUITE 200 270 JACKSONVILLE, FL 32216
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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

FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

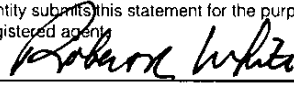


03142007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3466362	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLEIMAN, ELI T JR. 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Robert K. White Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway Suite 270 City Jacksonville FL Zip Code 32216
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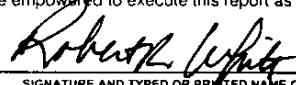
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	Robert K. White	3/20/07
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<small>DATE</small>		

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP P93000087854 SLEIMAN PROPERTIES, INC. 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	STREET ADDRESS CITY-ST-ZIP 700103639207 06/01/07--01007--022 **500.00

STAPLE CHECK HERE

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	3/20/07	904-731-8806
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>