

2031 UNIFORM BUSINESS REPORT (UBR)

0020309 SP

DOCUMENT # A98000000421

1. Entity Name
103RD STREET EQUITIES, LTD.

FILED

01 APR 24 AM 7:48

Principal Place of Business Mailing Address
4347 - 10 UNIVERSITY BOULEVARD SOUTH **4347 - 10 UNIVERSITY BOULEVARD SOUTH**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3493141 Not Applicable

Zip Country Zip Country

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
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 **4347-10 UNIVERSITY BOULEVARD SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS **1 SLEIMAN PARKWAY SUITE 270**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE OF PETER D SLEIMAN

4/15/01

904/731-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)