

2031 UNIFORM BUSINESS REPORT (UBR)

0030309 SP

DOCUMENT # A98000000421

1. Entity Name

103RD STREET EQUITIES, LTD.

FILED

01 APR 24 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	Applied For
59-3493141	Not Applicable

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, PETER D
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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
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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	STREET ADDRESS	1 SLEIMAN PARKWAY SUITE 270
NAME	SLEIMAN PROPERTIES, INC.	CITY-ST-ZIP	JACKSONVILLE, FL 32216
STREET ADDRESS	4347-10 UNIVERISTY BOULEVARD SOUTH		
CITY-ST-ZIP	JACKSONVILLE FL 32216		
DOCUMENT #		STREET ADDRESS	400004162744--5
NAME		CITY-ST-ZIP	-05/08/01--01102--008
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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)