

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

DOCUMENT # A98000000421

1. Entity Name
 103RD STREET EQUITIES, LTD.



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

02162004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3493141

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

HEEKIN, M. MARK
 1 SLEIMAN PARKWAY, SUITE 280
 JACKSONVILLE, FL 32216

Name Bernard E. Smith
 Street Address (P.O. Box Number is Not Acceptable)
1 Sleiman Parkway
Suite 280
 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

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

DATE

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

10. Amount of Capital Contributions
 in FLORIDA to date.

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 280
 CITY - ST - ZIP JACKSONVILLE, FL 32216

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
 CITY - ST - ZIP

700032021017
 04/07/04 01006-007 **141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter D. Sleiman

3-4-04

Date

904-731-8806

Daytime Phone #

STAPLE CHECK HERE