


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

<b>DOCUMENT # A98000000421</b> 1. Entity Name 103RD STREET EQUITIES, LTD.	
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**FILED**


06 JUN 13 PM 12:23

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.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country
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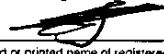
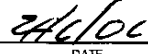


01252006    Chg-LP    CR2E003 (11/05)

4. FEI Number <b>59-3493141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  SLEIMAN, PETER D 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216	<b>7. Name and Address of New Registered Agent</b>  Name Eli T. Sleiman, 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.                       DATE


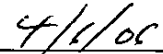
Signature, typed or printed name of registered agent and title if applicable.

**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	STREET ADDRESS	
NAME	SLEIMAN PROPERTIES, INC.	CITY-ST-ZIP	nc 6/13
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 280		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			800076365278
CITY-ST-ZIP			06/20/06-01014-021 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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