



**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A98000000421 1. Entity Name 103RD STREET EQUITIES, LTD.	
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FILED
07 MAY 24 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.	City & State
Zip	Country	Zip	Country

	
03212007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 59-3493141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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* Robert K. White 3/20/07
Signature, typed or printed name of registered agent and title if applicable. DATE

**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 #	P93000087854	STREET ADDRESS	800103636148
NAME	SLEIMAN PROPERTIES, INC.	CITY - ST - ZIP	06/01/07--01005--010 **500.00
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 200 270		
CITY - ST - ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
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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 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* Robert K. White 3/20/07 904-731-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE