

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000421

1. Entity Name
103RD STREET EQUITIES, LTD.



FILED

03 APR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3493141**

Applied For 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

HEEKIN, M. MARK
1 SLEIMAN PARKWAY, SUITE 280
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. I am familiar with, and accept the obligations of registered agent.

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

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

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 **1 SLEIMAN PARKWAY, SUITE 280**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS _____
CITY-ST-ZIP _____

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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: *S. Heekin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/03 **904.731.8806**
Date Daytime Phone #

0008364 AT

CR2E003 (10/02)

STAPLE CHECK HERE