2002 UNIFORM BUSINESS REPORT (UBR)

0005645 AT

DOCUMENT #   A97000001269

1. Entity Name

FAISAL FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4201 SOUTH S.R. 47 . SUITE 4	P. O. BOX 3009
LAKE CITY FL 32025	LAKE CITY FL 32956-3009

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number 59-3428462	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
ALI FAISAL, MOHAMMAD 4201 SOUTH S.R. 47, SUITE 4 LAKE CITY FL 32025	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 _____

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

9. Capital Contributions as Shown on record. **$25,000.00**	10. Amount of Capital Contributions in FLORIDA to date.	11. **MAKE CHECK PAYABLE TO DEPT. OF STATE** **SEE REVERSE SIDE FOR FEE INFORMATION**

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 # NAME ALI FAISAL, MOHAMMAD STREET ADDRESS 4201 SOUTH S.R. 47 CITY-ST-ZIP LAKE CITY FL 32025	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 3000005237023--3 04/11/02--01004--010 ****263.75 ****263.75
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CR2E003 (1/0/9)

STAPLE CHECK HERE

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: _____   2/18/02   386 758-5985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #