


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

DOCUMENT # A97000001269 1. Entity Name FAISAL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4201 SOUTH S.R. 47, SUITE 4 LAKE CITY, FL 32025			Mailing Address P. O. BOX 3009 LAKE CITY, FL 32956-3009		
2. Principal Place of Business 1283 SW State Rd 47 Suite, Apt. #, etc. Suite 104 City & State Lake City FL Zip 32025			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent ALI FAISAL, MOHAMMAD 4201 SOUTH S.R. 47, SUITE 4 LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1283 SW State Rd Suite 104 P.O. Box 3009 City Lake City FL Zip Code 32025		
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 <u>M. A. Faisal</u> DATE <u>2/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$25,000.00			10. Amount of Capital Contributions in FLORIDA to date. 0		
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		STREET ADDRESS	1283 SW State Rd 47 Suite 104	
STREET ADDRESS	4201 SOUTH S.R. 47		CITY-ST-ZIP	Lake City, FL 32025	
CITY-ST-ZIP	LAKE CITY, FL 32025		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <u>M. A. Faisal</u> DATE <u>2/24/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02072004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3428462** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE