

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB -8 AM 11:14

<b>DOCUMENT # A97000001269</b> 1. Entity Name <b>FAISAL FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1283 SW STATE RD 47</b> <b>STE 104</b> <b>LAKE CITY, FL 32025</b>			Mailing Address <b>P. O. BOX 3009</b> <b>LAKE CITY, FL 32966-3009</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3428462</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ALI FAISAL, MOHAMMAD</b> <b>1283 SW STATE RD</b> <b>STE 104</b> <b>LAKE CITY, FL 32025</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <i>M. A. Faisal</i> Signature, typed or printed name of registered agent and title if applicable. <b>Mohammad A. Faisal</b>				DATE <b>1-20-05</b>	
9. Capital Contributions as Shown on record. <b>\$25,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <i>0</i>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ALI FAISAL, MOHAMMAD</b> <b>4201 SOUTH S.R. 47</b> <b>LAKE CITY, FL 32025</b>			STREET ADDRESS CITY-ST-ZIP	<b>1283 SW State Rd 47, Ste 104</b> <b>Lake City, FL 32025</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	<b>300046622519</b> <b>02/15/05--01008--008 **263.75</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				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: <i>M. A. Faisal</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Mohammad A. Faisal</b>				DATE <b>1-20-05</b> (386) 758-5985 Daytime Phone #	

STAPLE CHECK HERE