

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:38

DOCUMENT # A97000001269 1. Entity Name FAISAL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1283 SW STATE RD 47 LAKE CITY, FL 32025			Mailing Address P. O. BOX 3009 LAKE CITY, FL 32056-3009		
2. Principal Place of Business - No P.O. Box # 1283 SW State Rd 47		3. Mailing Address Suite, Apt. #, etc. Suite 104			
City & State Lake City		City & State City & State		4. FEI Number 59-3428462	
Zip FL		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALI FAISAL, MOHAMMAD 1283 SW STATE RD STE 104 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 47 Suite 104 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				200085839142 01/23/07-01017-011 ***500.00 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 #	L03000019033		STREET ADDRESS		
NAME	M.A. FAISAL, M.D., L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	1283 SW STATE RD 47, SUITE 104		CITY-ST-ZIP		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1-11-07 386-758-5985 Date Daytime Phone #		

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