2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000001269

1. Entity Name

FAISAL FAMILY LIMITED PARTNERSHIP

Principal Place of Business 1283 SW STATE RD 47 SUITE 104 LAKE CITY, FL 32025 Mailing Address P. O. BOX 3009 LAKE CITY, FL 32056-3009

FILED Jan 25, 2008 08:00 Al Secretary of State



A JEAN ALT

01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
59-3428462		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

ALI FAISAL, MOHAMMAD 1283 SW STATE RD 47 STE 104 LAKE CITY, FL 32025 DO NOT WRITE IN THIS SPACE

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	ı. Tam jamıllar w	nin, and accept
the obligations of registered agent.		
		•
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	DATÉ	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | U00000798598 01/30/08-80033-023 500.00

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.

1	12.	GENERAL PARTNER INFORMATION
	DDCUMENT #	L03000019033
ĺ	NAME	M.A. FAISAL, M.D., L.L.C.
-	STREET ADDRESS	1283 SW STATE RD 47, SUITE 104
Ì	CITY-ST-ZIP	LAKE CITY, FL 32025
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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:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

18/08 (386) 158 5985