

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001269

FILED
Jan 12, 2009
Secretary of State

Entity Name: FAISAL FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

1283 SW STATE RD 47
SUITE 104
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3009
LAKE CITY, FL 320563009

New Mailing Address:

FEI Number: 59-3428462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI FAISAL, MOHAMMAD
1283 SW STATE RD 47
STE 104
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

FAISAL, MOHAMMAD A
1283 SW STATE RD 47
STE 104
LAKE CITY, FL 32025 US

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: M.A. FAISAL M.D.

01/12/2009

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #: L03000019033
Name: M.A. FAISAL, M.D., L.L.C.
Address: 1283 SW STATE RD 47, SUITE 104
City-St-Zip: LAKE CITY, FL 32025

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M.A. FAISAL M.D.

01/12/2009

Electronic Signature of Signing General Partner

Date