

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001269

FILED
Feb 11, 2010
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:

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

Name and Address of New Registered Agent:

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: _____

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 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.

Electronic Signature of Signing General Partner

02/11/2010

Date