

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001269

**FILED**  
**Feb 16, 2012**  
**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: MOHAMMAD FAISAL

PRES

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date