A97000001269

FILED
03 OCT -7 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001269

1. Entity Name
FAISAL FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4201 SOUTH S.R. 47, SUITE 4 LAKE CITY, FL 32025	P. O. BOX 3009 LAKE CITY, FL 32956-3009

100024025751
10/23/03--01003--002 **141.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 59-3428462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI FAISAL, MOHAMMAD 4201 SOUTH S.R. 47, SUITE 4 LAKE CITY, FL 32025	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $25,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	ALI FAISAL, MOHAMMAD		
STREET ADDRESS	4201 SOUTH S.R. 47		
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	REINSTATEMENT 63
NAME			
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (10/02)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. A. Faisal 10/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

2 of 2

MOHAMMAD A. FAISAL, M.D., F.A.C.G.
P.O. Box 3009
Lake City, FL 32056
Phone: (386) 758-5985 Fax: (386) 758-5987

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TALLAHASSEE, FLORIDA

Diplomate, American Boards of
Internal Medicine and Gastroenterology

Fellow
American College of Gastroenterology

September 9, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: DOC #A97000001269
FEIN 59-3428462

To Whom It May Concern:

This is to request the late charge for the above referenced account be waived. We did not receive the original notice. I have enclosed check #1186 in the amount of $141.25 for 2003.

I regret any inconvenience this may have caused and appreciate your prompt attention to this matter. If you have any questions, please contact my office, (386) 758-5985.

Sincerely,

M. A. Faisal

Mohammad A. Faisal, M.D.
For Faisal Family Limited Partnership

MAF/sc