2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

E DOL DI MAI 1, 2004							
DOCUMENT # A9900000438 1. Entity Name						FILED	
J. AND S. SIDDIQUI LIMITED PARTNERSHIP						04 APR 16 PM 4: 31	
Principal Place of Business Mailing Address						MUM STATE MUM	
				TE 201	i	TALLAMAS JE FLORIDA MUM	
2815 N.W. 13TH STREET, SUITE 301 GAINESVILLE FL 32609 2815 N.W. 13TH STREET, GAINESVILLE FL 32609				1E 301			
2. Principal P 803 NW	lace of Business 23rd Ave	3. Mailing Address 803 NW 23rd Ave					
Suite, Apt. #, etc. Suite, Apt. #, etc.						MOORE CR2E003 (11/03)	
Gainesville, FL		Gainesville, FL			4. FEI Number 59-3570695 Applied For Not Applicable		
32609	Country USA	32609		Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name	Vame		
CHAU, TERESA B 823 NW 23RD AVE.				Street Address (P.O. Box Number is Not Acceptable) 803 NW 23rd Ave			
GAINESVILLE FL 32609				Gainesville, FL 32609			
				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 FUNA FO Chare Signature, typed or printed name oil registered agent and title if applicable. 3/17/04 DATE							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date.							
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 PARTNEF	INFORMATION	13.	1		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	SIDDIQUI, J. TRUSTEE 2815 N.W. 13TH STREET, SUITE 301		STRE	····		NW 23rd Ave	
STREET ADDRESS			1				
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-			nesville, FL 32609	
DOCUMENT #	SI			ET ADDRESS			
NAME	SIDDIQUI, S TRUSTEE			803		NW 23rd Ave	
STREET ADDRESS CITY-ST-ZIP	S 2815 N.W. 13TH STREET, SUITE 301 GAINESVILLE FL 32609			-ST-ZIP	Gainesville, FL 32609		
DOCUMENT /			STRE	ET ADDRESS			
STREET ADDRESS				}			
CITY-ST-ZIP			CITY-	ITY-ST-ZIP		000034511500 04/23/0401005 -003 **526.25	
DOCUMENT #		•	STRE	ET ADDRESS		04/23/04-01003-003 **320.23	
NAME STREET ADORESS			O.I.I.	-			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS			CITY	-ST-ZIP			
CITY-ST-ZIP DOCUMENT #			STRE	ET ADDRESS			
NAME STREET ADDRESS				-			
CITY-ST-ZIP				-ST-ZIP			
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							