


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00-AM
Secretary of State

DOCUMENT # A99000000438	
1. Entity Name J. AND S. SIDDIQUI LIMITED PARTNERSHIP	

Principal Place of Business 803 NW 23RD AVE. GAINESVILLE, FL 32609	Mailing Address 803 NW 23RD AVE. GAINESVILLE, FL 32609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3570695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHAU, TERESA B 823 NW 23RD AVE. GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent
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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	SIDDIQUI, J TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	803 NW 23RD AVE.		
CITY-ST-ZIP	GAINESVILLE, FL 32609		
DOCUMENT #		STREET ADDRESS	
NAME	SIDDIQUI, S TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	803 NW 23RD AVE.		
CITY-ST-ZIP	GAINESVILLE, FL 32609		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jaleel Siddiqui, M.D. DATE: 04/27/06 DAYTIME PHONE #: 352-331-8539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE