

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAR 18 PM 12:10

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 - No P.O. Box # 3911 W NEWBERRY RD Suite, Apt. #, etc. C-2	3. Mailing Address 3911 W NEWBERRY RD Suite, Apt. #, etc. C-2
City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
Zip 32607	Country ALACHUA



03112008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3570695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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) 3911 W NEWBERRY RD, STE C-2 City GAINESVILLE, FL Zip Code 32607
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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 Teresa B Chau DATE 3/12/08

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	SIDDIQUI, J TRUSTEE	STREET ADDRESS	3911 W NEWBERRY RD, STE C-2
NAME	803 NW 23RD AVE.	CITY-ST-ZIP	GAINESVILLE, FL 32607
STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609		
DOCUMENT #	SIDDIQUI, S TRUSTEE	STREET ADDRESS	3911 W NEWBERRY RD, STE C-2
NAME	803 NW 23RD AVE.	CITY-ST-ZIP	GAINESVILLE, FL 32607
STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32609		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800120723798
STREET ADDRESS			03/19/08--01021--014 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: T. Siddiqui DATE: 03/12/2008 352-331-8539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER