

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000438

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** J. AND S. SIDDIQUI LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3840 BELFORT ROAD  
SUITE 302  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 141326  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 59-3570695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIDDIQUI, SAMIR A  
3840 BELFORT ROAD  
SUITE 302  
JACKSONVILLE, FL 32216 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 #:

Name: SIDDIQUI, J TRUSTEE  
Address: PO BOX 141326  
City-St-Zip: GAINESVILLE, FL 32614

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SIDDIQUI, S TRUSTEE  
Address: PO BOX 141326  
City-St-Zip: GAINESVILLE, FL 32614

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: SIDDIQUI J TRUSTEE

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

01/13/2012

\_\_\_\_\_  
Date