

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000438

1. Entity Name
J. AND S. SIDDIQUI LIMITED PARTNERSHIP



FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 2815 N.W. 13TH STREET, SUITE 301 GAINESVILLE FL 32609	Mailing Address 2815 N.W. 13TH STREET, SUITE 301 GAINESVILLE FL 32609
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2. Principal Place of Business		3. Mailing Address		4/29	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 59-3570695	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIC CHAU, TERESA 2815 N.W. 13TH STREET, SUITE 301 GAINESVILLE FL 32609			Name Chau, Teresa B.		
			Street Address (P.O. Box Number is Not Acceptable) 823 NW 23rd Ave		
			City, State, and Zip Code Gainesville, FL 32609 3		
			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 *Teresa A Chau* DATE 4/14/03

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

9. Capital Contributions as Shown on record. \$1,300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME SIDDIQUI, J TRUSTEE	STREET ADDRESS	
	STREET ADDRESS 2815 N.W. 13TH STREET, SUITE 301	CITY-ST-ZIP	
	CITY-ST-ZIP GAINESVILLE FL 32609		
DOCUMENT #	NAME SIDDIQUI, S TRUSTEE	STREET ADDRESS	000017305710
	STREET ADDRESS 2815 N.W. 13TH STREET, SUITE 301	CITY-ST-ZIP	04/29/03--01053--018 **526.25
	CITY-ST-ZIP GAINESVILLE FL 32609		
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	CITY-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *J. AND S. SIDDIQUI LIMITED PARTNERSHIP* **SIDDIQUI, M.D** DATE 04/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

(352)-331-8539

0007478 AT

CRZE003 (10/02)

STAPLE CHECK HERE