

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A990000000438

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

**Current Principal Place of Business:**

3840 BELFORT ROAD  
SUITE 302  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 141326  
GAINESVILLE, FL 32614

**FEI Number:** 59-3570695

**Certificate of Status Desired:** No

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

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

*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 Detail :**

Document #

Name SIDDIQUI, J TRUSTEE

Address PO BOX 141326

City-State-Zip: GAINESVILLE FL 32614

Document #

Name SIDDIQUI, S TRUSTEE

Address PO BOX 141326

City-State-Zip: GAINESVILLE FL 32614

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JALEEL Y. SIDDIQUI

**TRUSTEE**

**02/20/2013**

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

\_\_\_\_\_  
Date