

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 APR 15 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  <b>TARA II, LTD.</b>	1a. DOCUMENT # <b>A95000000566</b>  <i>97-AR CM</i>
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Mailing Address <b>3300 UNIVERSITY DRIVE, SUITE 310 CORAL SPRINGS FL 33065</b>	Principal Office Address <b>3300 UNIVERSITY DRIVE, SUITE 310 CORAL SPRINGS FL 33065</b>
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3. Date Formed or Registered <b>04/06/1995</b>	5a. Capital Contributions as Shown on record <b>\$200,000.00</b>
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3a. Date of Last Report <b>01/03/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$200,000</b>
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2. Mailing Address <b>2423 UNIVERSITY DR</b>	2a. Principal Office Address <b>2423 UNIVERSITY DR</b>
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4. State or Country of Formation <b>FL</b>	6. FEL Number <b>APPLIED FOR 05-0742319</b>
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Suite, Apt. #, etc. <b></b>	Suite, Apt. #, etc. <b></b>
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7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
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City & State <b>Coral Springs FL</b>	City & State <b>Coral Springs FL</b>
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Zip <b>33065</b>	Zip <b>33065</b>
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9. Name and Address of Current Registered Agent  <b>MELAMED, HOWARD 3300 UNIVERSITY DRIVE, SUITE 310 CORAL SPRINGS FL 33065</b>
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10. If changed, new Registered Agent/Office  Name Street Address (P.O. Box Numbers Not Acceptable) <b>2423 UNIVERSITY DRIVE</b> Suite, Apt. #, etc. City <b>CORAL SPRINGS</b> FL Zip Code <b>33065</b>
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **04/10/97**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>L. MELAMED ENTERPRISES, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>3300 UNIVERSITY DRIVE 2423 UNIVERSITY DRIVE</b>	11b. City, State & Zip Code <b>CORAL SPRINGS FL 3306</b>	11c. Registration/Document Number <b>V40081</b>
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**33065**  
**000002151750-3**  
**-04/23/97-01051-015**  
**\*\*\*576.25 \*\*\*576.25**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **04/10/97**  
Typed or Printed Name of General Partner Signing Form **HOWARD MELAMED** Daytime Telephone Number **954-310-9085**

CR2E003 (6/96)