

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---------------------------------------|
| 1. Name of Limited Partnership TAREK PROPERTIES LIMITED | 1a. DOCUMENT # A98000001143 |
|---|---------------------------------------|

| | |
|--|---|
| Mailing Address 907 SMITH BAY DRIVE BRANDON FL 33511 | Principal Office Address 907 SMITH BAY DRIVE BRANDON FL 33511 |
|--|---|

| | |
|---|--|
| 3. Date Formed or Registered 05/08/1998 | 5a. Capital Contributions as Shown on record. \$4,000,000.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: |

| | |
|--|--|
| 2. Mailing Address 1108 Deer Run Place | 2a. Principal Office Address 1108 Deer Run Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| 4. State or Country of Formation FL | 6. FEI Number 59-3509065 |
| | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |

| | |
|-----------------------------------|-----------------------------------|
| City & State Valrico FL | City & State Valrico FL |
| Zip 33594 Hillsborough | Zip 33594 Hillsborough |

| | |
|---|---------------------------------------|
| 7. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| |
|---|
| 9. Name and Address of Current Registered Agent HINES, JAMES P ESQ. HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA FL 33606 |
|---|

| |
|--|
| 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
|--|

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) _____ DATE _____

**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) TAREK MANAGEMENT, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 907 SMITH BAY DRIVE | 11b. City, State & Zip Code BRANDON FL 33511 | 11c. Registration/Document Number P98000041947 |
| 600002744776--6 -01/15/99--01117--010 ****526.25 ****526.25 | | | |

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 Tarek Management by [Signature] DATE 12/8/98
 Typed or Printed Name of General Partner Signing Form Tarek Management by Daytime Telephone Number 813-684-0622

CR2E003 (8/98)