

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A98000001143*

1. Entity Name
TAREK PROPERTIES LIMITED
TAREK PROPERTIES LIMITED

Principal Place of Business Mailing Address
1108 DEER RUN PLACE 1108 DEER RUN PLACE
 VALRICO FL 33594 VALRICO FL 33594-5109

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 28 PM 1:35

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number *593509065* Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

9. Capital Contributions as Shown on record. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. *1,402,785.00*

MADE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	
NAME	<i>TAREK MANAGEMENT, INC.</i>
STREET ADDRESS	<i>1108 DEER RUN PLACE</i>
CITY - ST - ZIP	<i>VALRICO FL 33594</i>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>300003489703--0</i>
CITY - ST - ZIP	<i>-1270700--01003--006</i> <i>****400.00 ****400.00</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>300003489703--0</i>
CITY - ST - ZIP	<i>12/07/00 01003 007</i> <i>****526.25 ****526.25</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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)(f), 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: *[Signature]* 9-27-2000 (813) 684-0622
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date (Optional Please)

437.50 + 88.25 = 526.25