


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001143**

1. Entity Name  
**TAREK PROPERTIES LIMITED**



Principal Place of Business      Mailing Address  
**1108 DEER RUN PLACE**      **1326 E. LUMSDEN RD**  
**VALRICO, FL 33594**      **BRANDON, FL 33511**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc      Suite, Apt. #, etc

01192004    Chg-LP    CR2E003 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**59-3509065**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

10. Amount of Capital Contributions in FLORIDA to date      **1,117,117**

**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.**      *526.25*

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P98000041947</b>
NAME	<b>TAREK MANAGEMENT, INC.</b>
STREET ADDRESS	<b>1108 DEER RUN PLACE</b>
CITY - ST - ZIP	<b>VALRICO, FL 33594</b>
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	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

**100000158568**  
**05/07/2004-80027-006 526.25**

STAPLE CHECK HERE

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: \_\_\_\_\_ *[Signature]*      **4/29/04**      **83-684-0002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #