


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 #	P98000041947
NAME	TAREK MANAGEMENT, INC.
STREET ADDRESS	1108 DEER RUN PLACE
CITY - ST - ZIP	VALRICO, FL 33594
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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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 #