


FILED

03 APR 22 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001143		
1. Entity Name TAREK PROPERTIES LIMITED		

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

2. Principal Place of Business	3. Mailing Address 1326 E. Lumsden Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Brandon FL
--------------	----------------------------

Zip	Country	Zip	Country
33511	Hillsborough		

000016687890  
04/22/03--01081--027 \*\*526.25



DUE BY MAY 1 2003	
4. FEI Number 59-3509065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 date if applicable.

9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,045,834.00	MAKE CHECK PAYABLE TO FL DEPT OF STATE SECRETARY OF STATE 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. 526.25

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

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:  Tarek Kazbour 2-10-03 813684-0622

STAPLE CHECK HERE

CH2E003 (10/02)