

2005 LIMITED PARTNERSHIP ANNUAL REPO
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

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|--|---|---------------------------|--|--|--|
| DOCUMENT # A02000001105 | | | | | |
| 1. Entity Name JARAKI FAMILY PARTNERSHIP, LTD. | | | | | |
| Principal Place of Business 8020 N.W. 167TH TERRACE MIAMI LAKES, FL 33016 | | | Mailing Address 8020 N.W. 167TH TERRACE MIAMI LAKES, FL 33016 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01122005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 52-2372852 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JARAKI, ABDUL-RAHMAN 8020 N.W. 167TH TERRACE MIAMI LAKES, FL 33016 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. \$1,050,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P02000086879 JARAKI FAMILY CORPORATION 8020 N.W. 167TH TERRACE MIAMI LAKES, FL 33016 | | STREET ADDRESS CITY-ST-ZIP | | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Date 04/14/05 Daytime Phone # | | | | | |

STAPLE CHECK HERE



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