

**2005 LIMITED PARTNERSHIP ANNUAL REPO
Due By May 1, 2005**

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

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: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01122005 Chg-LP CR2E003 (10/03)
4. FEI Number: 52-2372852 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JARAKI, ABDUL-RAHMAN
8020 N.W. 167TH TERRACE
MIAMI LAKES, FL 33016

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: \$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

| | |
|----------------|---------------------------|
| DOCUMENT # | P02000086879 |
| NAME | JARAKI FAMILY CORPORATION |
| STREET ADDRESS | 8020 N.W. 167TH TERRACE |
| CITY-ST-ZIP | MIAMI LAKES, FL 33016 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| 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: Abdul Rahman Jarak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 04/14/05 Daytime Phone # _____