## **2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 29, 2008 08:00 AN Secretary of State

חחרו	<b>IMENT</b>	#	AGRO	<b>nn</b>	በበ1	11	43	₹
1 11 11 .1	HVIE IN I	*	MOUVI	JU	UU I		4.	

1. Entity Name TARÉK PROPERTIES LIMITED



Principal Place of Business

1108 DEER RUN PLACE VALRICO, FL 33594

Mailing Address

1326 E. LUMSDEN RD BRANDON, FL 33511



04042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3509065

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent							
HINES & A	MES P ESQ. ASSOCIATES, P.A. DE PARK AVENUE L 33606	DO NOT WRITE IN THIS SPACE					
8. The above	named entity submits this statement for the purpose of changing its reg	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligat	ions of registered agent.						
PICNATURE							
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable.	DATE					
FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00							
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 #	P98000041947	110 0000001 04 0					
NAME	TAREK MANAGEMENT, INC.	U00000931610					
STREET ADDRESS	1108 DEER RUN PLACE	05/22/08-80022-007 S00.00					
CITY-ST-ZIP	VALRICO, FL 33594						
DOCUMENT #							
NAME		•					
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #		•					
NAME							
STREET ADDRESS		DO NOT WRITE					
CITY-ST-ZIP							
DOCUMENT #		IN THIS SPACE					
NAME		III IIIO OI AOL					
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #							
NAME							
STREET ADDRESS							

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER