


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A12192 1. Entity Name REI, LIMITED PARTNERSHIP					
Principal Place of Business 3299 S.W. 9TH AVE. P.O. BOX 22748 FT. LAUDERDALE, FL 33335-2748			Mailing Address 3299 S.W. 9TH AVE. P.O. BOX 22748 FT. LAUDERDALE, FL 33335-2748		
2. Principal Place of Business Suite, Apt. # etc			3. Mailing Address Suite, Apt. # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2214415	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLINE, GIBBONS D. 3299 S.W. 9TH AVE. FT. LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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	CLINE, JAY D. 3299 SW 9TH AVE. FT. LAUDERDALE, FL		STREET ADDRESS CITY- ST- ZIP	000000111027 04/13/04-80002-007 150.00	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	CLINE, GIBBONS D. 3299 SW 9TH AVE. FT. LAUDERDALE, FL		STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u>Gibbons D. Cline</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> </div> <div> <u>04 Apr 29</u> <small>Date</small> </div> <div> <u>(954) 463-3451</u> <small>Daytime Phone #</small> </div> </div>					

STAPLE CHECK HERE