2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A12192

FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Name REI, LIMITED PARTNERSHIP			. :=[Secretary of State		
Principal Place of Business Mailing Address 3299 S.W. 9TH AVE. 3299 S.W. 9TH AVE. P.O. BOX 22748 P.O. BOX 22748 FT. LAUDERDALE, FL 33335-2748 FT. LAUDERDALE, FL 33			33335-2	748	1 11 2 01201 1001 11010 1120 1120	A JANGA PARI ANNSA RADIGI	KISH SHUN BIDH BIDHDH FI MTH
Principal Place of Business 3. Mailing Address							
Suite. Apt. #, etc. Suite. Apt. #, etc.					03212005 Chg-LF	CR2E	E003 (10/03)
City & State City & State					4. FEI Number 59-2214415		Applied For Not Applicable
Zıp	Country	Zip	Coun	try	5. Certificate of Status De		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of	New Registere	d Agent
CLINE, GIBBONS D. 3299 S.W. 9TH AVE. FT. LAUDERDALE, FL 33315					P.O. Box Number is Not Acc	ceptable)	
				City		F	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							
Signature, typed or printed name of registered agent and title if applicable DATE							
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,	GENE <u>ral</u> Pa	ARTNER INFÖRMATION	13.		. ADDRE	SS CHANGES O	NLY
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Prorida Statutes. Flutther 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:

SOME CENTER LABORER

(84) 463-3451 Daylime Phone #