

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 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**



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2214415

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLINE, GIBBONS D.
3299 S.W. 9TH AVE.
FT. LAUDERDALE, FL 33315**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #

NAME

CLINE, JAY D.

STREET ADDRESS

3299 SW 9TH AVE.

CITY - ST - ZIP

FT. LAUDERDALE, FL

DOCUMENT #

NAME

CLINE, GIBBONS D.

STREET ADDRESS

3299 SW 9TH AVE.

CITY - ST - ZIP

FT. LAUDERDALE, FL

DOCUMENT #

NAME

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

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04/25/06-80076-010 508.79

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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:

GIBBONS D. CLINE

06 MAR 22

954-463-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

GENERAL PARTNER

STAPLE CHECK HERE