

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 20, 2007 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

DO NOT WRITE IN THIS SPACE



02012007 No Chg-LP

CR2E003 (12/06)

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

U000000719814
05/01/07-80081-002 508.75
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
STREET ADDRESS
CITY-ST-ZIP
CLINE, JAY D.
3299 SW 9TH AVE.
FT. LAUDERDALE, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CLINE, GIBBONS D.
3299 SW 9TH AVE.
FT. LAUDERDALE, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GIBBONS D. CLINE

Date

3/21/07

Daytime Phone #

954-463-3451

GENERAL PARTNER

A-3/21/07

STAPLE CHECK HERE