

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

**FILED**  
**Apr 22, 2008 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**



02272008 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

DATE

**FILE NOW!!! 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 #  
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  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000314228  
05/08/08-80048-007 508.75

**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*

3/20/08

954-463-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APR 30 2008

STAPLE CHECK HERE