

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A12192

FILED
Mar 31, 2009
Secretary of State

Entity Name: REI, LIMITED PARTNERSHIP

Current Principal Place of Business:

3299 S.W. 9TH AVE.
P.O. BOX 22748
FT. LAUDERDALE, FL 333352748

New Principal Place of Business:

3299 S.W. 9TH AVE.
FT. LAUDERDALE, FL 333352748

Current Mailing Address:

3299 S.W. 9TH AVE.
P.O. BOX 22748
FT. LAUDERDALE, FL 333352748

New Mailing Address:

3299 S.W. 9TH AVE.
FT. LAUDERDALE, FL 333352748

FEI Number: 59-2214415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: GIBBONS D. CLINE

03/31/2009

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: CLINE, JAY D.
Address: 3299 SW 9TH AVE.
City-St-Zip: FT. LAUDERDALE, FL
Document #:

Name: CLINE, GIBBONS D.
Address: 3299 SW 9TH AVE.
City-St-Zip: FT. LAUDERDALE, FL

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Address:
City-St-Zip: FT. LAUDERDALE, FL 33315 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

03/31/2009

Electronic Signature of Signing General Partner

Date