

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)** JAN 06 2003

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**

FILED  
03 MAR 25 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2214415**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/14/03 (954) 463-3451**

CR2E003 (10/02)