


2001 UNIFORM BUSINESS REPORT (UBR)

0013570 AF

DOCUMENT # A15045
 1. Entity Name
ARI, LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
3299 S.W. 9TH AVENUE **3299 S.W. 9TH AVENUE**
P.O. BOX 22748 **P.O. BOX 22748**
FT. LAUDERDALE FL 33335-2748 **FT. LAUDERDALE FL 33335-2748**

FILED
 07 APR -9 /AM 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2346704 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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$333.00 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	CLINE, JAY D. 3299 SW 9TH AVE. FORT LAUDERDALE FL	STREET ADDRESS	800004014368--9 -04/17/01--01105--022 ***150.00 ***150.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	CLINE, GIBBONS D. 3299 SW 9TH AVE. FORT LAUDERDALE FL	STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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]* **General Partner** 3/30/01 954-463-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)