


# 2001 UNIFORM BUSINESS REPORT (UBR)

0013570 AF

**DOCUMENT # A15045**  
 1. Entity Name  
**ARI, LIMITED PARTNERSHIP**

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

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



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2346704** 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**

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004014368--9
CITY-ST-ZIP	-04/17/01--01105--022 ***150.00 ***150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **Gen Part.** **3/30/01** **954-463-3451**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)