

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
 02 MAR 19 AM 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0011492 AT

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
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2346704	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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**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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			BK
DOCUMENT #	CLINE, GIBBONS D. 3299 SW 9TH AVE. FORT LAUDERDALE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			300005169573--9 -03/26/02--01058--002 ****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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NAME		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: Gibbons D. Cline ^{3/13/02} 954-463-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE