


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <b>FL</b> 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 _____ DATE _____			
9. Capital Contributions as Shown on record \$333.00		10. Amount of Capital Contributions in FLORIDA to date	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	U00000111030
STREET ADDRESS	CLINE, JAY D.	CITY-ST-ZIP	04/15/04-80002-008 150.00
CITY-ST-ZIP	3299 SW 9TH AVE. FORT LAUDERDALE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CLINE, GIBBONS D.	CITY-ST-ZIP	
CITY-ST-ZIP	3299 SW 9TH AVE. FORT LAUDERDALE, FL		
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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: <i>Gibbons D. Cline</i>		<i>RC Cline</i> 04 Apr 29 (954) 463-3451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE	

STAPLE CHECK HERE