


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
Apr 10, 2006 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
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01052006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2346704	Applied For Not Applicable
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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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and date if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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
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04/25/06-80076-009 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
GENERAL PARTNER

06 MAR 22 954-463-34
Date Daytime Phone #