



**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # A15045 1. Entity Name ARI, LIMITED PARTNERSHIP	
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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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DO NOT WRITE IN THIS SPACE



02012007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2346704	Applied For Not Applicable
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

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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 05/01/07

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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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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 3/21/07 954-463-3451

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

STAPLE CHECK HERE

br 3/21/07

GENERAL PARTNER