


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 22, 2008 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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02272008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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 title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

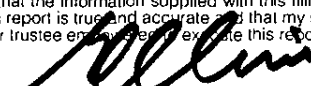
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

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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05/08/08-80048-008 508.75

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 3/20/08 954-463-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

GENERAL PARTNER