

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



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**



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 ☒ **\$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 _____

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

DATE _____

**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**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000914229
05/08/08-80048-008 508.75

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GIBBONS D CLINE

3/20/08

954-463-3451

Date

Daytime Phone #

3/21/07

GENERAL PARTNER

STAPLE CHECK HERE