

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A15045

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** ARI, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3299 S.W. 9TH AVENUE  
FT. LAUDERDALE, FL 333352748

**New Principal Place of Business:**

**Current Mailing Address:**

3299 S.W. 9TH AVENUE  
FT. LAUDERDALE, FL 333352748

**New Mailing Address:**

**FEI Number:** 59-2346704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLINE, GIBBONS D  
3299 S.W. 9TH AVE.  
FT. LAUDERDALE, FL 33315    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: CLINE, JAY D.  
Address: 3299 SW 9TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33315 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:  
Name: CLINE, GIBBONS D.  
Address: 3299 SW 9TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

GP

02/25/2011

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date