

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 14 PM 1:52

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000000143**

RTL HOLDINGS I, LTD.



Mailing Address  
17 SOUTH STREET  
PORTLAND ME 04101

Principal Office Address  
17 SOUTH STREET  
PORTLAND ME 04101

3. Date Formed or Registered

01/16/1997

5a. Capital Contributions as  
Shown on record.

\$5,000,000.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

N.A.

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LEVINE, ARTHUR  
2180 IBIS ISLE, #5  
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

800002320498--7

Suite, Apt. #, etc.

-10/15/97--01024--003

City

\*\*\*\*541.25

\*\*\*\*541.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

RTL HOLDINGS, INC.

17 SOUTH STREET

PORTLAND ME 04101

F97000000254

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert A. Levine

DATE 10/7/97

Typed or Printed Name of General Partner Signing Form

Robert A. Levine

Daytime Telephone Number

(207) 871-0036

CR2E003 (6/97)

**ROBERT A. LEVINE**  
ATTORNEY AT LAW  
17 SOUTH STREET  
PORTLAND, MAINE 04101

TELEPHONE (207) 871-0036  
FAX (207) 871-8070

October 10, 1997

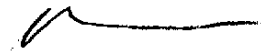
Division of Corporations  
Attention: Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

In reponse to your correspondence returning my check and limited partnership annual report for 1998, I have revised it where indicated by writing not applicable in Box Number 6 labeled FEI number, and by signing at the bottom of the form as indicated.

Thank you for your attention.

Sincerely,



Robert A. Levine

RAL/bln  
Leviner.doc