


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | |
|---|--------------------|--|---------------------------|
| DOCUMENT # A97000000143 | |  | |
| 1. Entity Name RTL HOLDINGS I, LTD. | | | |
| Principal Place of Business 17 SOUTH STREET PORTLAND ME 04101 | | Mailing Address 17 SOUTH STREET PORTLAND ME 04101 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 04-3344879 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIS, JOSEPH R 2608 N. DIXIE HIGHWAY WEST PALM BEACH FL 33407 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$5,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$1,750,000.00 | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | F97000000254 | STREET ADDRESS | U00000094734 |
| NAME | RTL HOLDINGS, INC. | CITY-ST-ZIP | 03/24/04-80001-010 526.25 |
| STREET ADDRESS | 17 SOUTH STREET | | |
| CITY-ST-ZIP | PORTLAND ME 04101 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert A. Levine</u> | | Date: <u>3/13/04</u> (207) 871-0036 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Daytime Phone # | |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE