

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

FILED

98 MAR -3 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

1. Name of Limited Partnership	1a. DOCUMENT # <b>B96000000186</b>
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RTM PROPERTIES, A LIMITED PARTNERSHIP  
*98-AR CM*



Mailing Address 854 GRAEGIN PLACE DYER IN 46311	Principal Office Address 9540 HIGH GATE DRIVE, UNIT 1414 SARASOTA FL 34238
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3. Date Formed or Registered 05/28/1996
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5a. Capital Contributions as Shown on record. <b>\$14,490.00</b>
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3a. Date of Last Report 12/30/1996
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5b. Amount of Capital Contributions in FLORIDA to date. <b>14,490.00</b>
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2. Mailing Address	2a. Principal Office Address
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4. State or Country of Formation IN
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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6. FEI Number 35-1983862	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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City & State	City & State
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7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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Zip	Country	Zip	Country
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8. Make check payable to: Dept. of State (See reverse side for fee information)
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9. Name and Address of Current Registered Agent <b>FRICKE, RONALD R 9540 HIGH GATE DRIVE, UNIT 1414 SARASOTA FL 34238</b>
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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
FRICKE, RONALD	854 GRAEGIN PLACE	DYER IN 46311	
FRICKE, MARIAN	854 GRAEGIN PLACE	DYER IN 46311	

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\*\*\*\*205.18 \*\*\*\*205.18

**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 Ronald R. Fricke DATE 2/26/98  
Typed or Printed Name of General Partner Signing Form: Ronald R. Fricke Daytime Telephone Number: (219) 865-3480

CR2E003 (1/2/97)