


2001 UNIFORM BUSINESS REPORT (UBR)

192

0003112 AB

DOCUMENT # B96000000186
 1. Entity Name
RTM PROPERTIES, A LIMITED PARTNERSHIP

FILED
 01 OCT 26 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business Mailing Address
9540 HIGH GATE DRIVE, UNIT 1414 **854 GRAEGIN PLACE**
SARASOTA FL 34238 **DYER IN 46311**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **35-1983862** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRICKE, RONALD R
9540 HIGH GATE DRIVE, UNIT 1414
SARASOTA FL 34238

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$14,490.00** 10. Amount of Capital Contributions in FLORIDA to date.
 11. **MAKE CHECK PAYABLE TO 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 #	FRICKE, RONALD	STREET ADDRESS	
NAME	854 GRAEGIN PLACE	CITY-ST-ZIP	
STREET ADDRESS	DYER IN 46311		
CITY-ST-ZIP			
DOCUMENT #	FRICKE, MARIAN	STREET ADDRESS	100004670401--0
NAME	854 GRAEGIN PLACE	CITY-ST-ZIP	11/07/01 01014 010
STREET ADDRESS	DYER IN 46311		****190.18 ****190.18
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (5/01)

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: *Ronald R. Fricke* 9/23/01 700-757-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #