

2002 UNIFORM BUSINESS REPORT (UBR)

0019787 AB

DOCUMENT # **B96000000186**

1. Entity Name

RTM PROPERTIES, A LIMITED PARTNERSHIP

FILED

02 MAY 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**9540 HIGH GATE DRIVE, UNIT 1414
SARASOTA FL 34238**

Mailing Address
**854 GRAEGIN PLACE
DYER IN 46311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

35-1983862

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$14,490.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$26,490.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR DEBIT 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 #
NAME **FRICKE, RONALD**
STREET ADDRESS **854 GRAEGIN PLACE**
CITY-ST-ZIP **DYER IN 46311**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **FRICKE, MARIAN**
STREET ADDRESS **854 GRAEGIN PLACE**
CITY-ST-ZIP **DYER IN 46311**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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-06/06/02--01078--013
******274.18 ****274.18**

185.43-CP
88.75-ADM

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: *x Marian R. Fricke* **MARIAN R. Fricke**

x 4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE