2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

CHECK

SIGNATURE: &

DOCUMENT # B96000000186 RTM PROPERTIES, A LIMITED PARTNERSHIP NL APR 12 AM 10: 38 Principal Place of Business Mailing Address 854 GRAEGIN PLACE 9540 HIGH GATE DRIVE, UNIT 1414 SARASOTA, FL 34238 DYER, IN 46311 2. Principal Place of Business 3. Mailing Address 1360 BYINGTON CT Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For CROWN POINT 35-1983862 INNot Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 46307 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUDENTIAL PALMS REALTY Street Address (P.O. Box Number is Not Acceptable) C/O STONEY SALES AND RENTAL OFFICE 8801 STONEYBROOK BLVD. SARASOTA, FL 34238 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$40,490.00 as Shown on record. in FLORIDA to date. 52,990.00 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME FRICKE, RONALD 1360 BYINGTON CT STREET ADDRESS 854 GRAEGIN PLACE CITY-ST-ZIP CROWN POINT, IN 46307 CITY-ST-7IP DYER, IN 46311 DOCUMENT # STREET ADDRESS 1360 BYINGTON CT FRICKE, MARIAN STREET ADDRESS 854 GRAEGIN PLACE CITY-ST-ZIP CITY-ST-ZIP CROWN POINT, IN 46307 DYER, IN 46311 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 800034537038 STREET ADDRESS NAME 04/29/04--01012--013 **459.68 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCUMENT** ₹ STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

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IATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED