

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 24 PM 3:05

1. Name of Limited Partnership

1a. DOCUMENT #

B96000000315

RER-JOL LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

3. Date Formed or Registered

9-23-96

5a. Capital Contributions as
Shown on record

2,780,270

S.A.C. 1003-24-97

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

2,780,270

4. State or Country of Formation

Delaware

2. Mailing Address

902 CLINT MOORE RD

2a. Principal Office Address

950 HERNDON PARKWAY

Suite, Apt. #, etc.

132

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FL

City & State

HERNDON, VA

Zip

Country

33487

Zip

Country

20170

6. FEI Number

75-2532087

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Richard Hollowell
927 Clint Moore Road
Boca Raton, Florida 33487

Name

Street Address (P.O. Box Number Is Not Acceptable)

600002123346-9

Suite, Apt. #, etc.

03/25/97-01044-015

City

****576.25

****576.25

FL

Zip Code

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

RER COLLECTIONS, INC

950 HERNDON PKWY
200

HERNDON, VA 20170

F9600004887

OK
3-24

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 *Christopher Kallivokas*, President RER Collections, Inc., general partner

DATE 12/27/96

Typed or Printed Name of General Partner Signing Form CHRISTOPHER KALLIVOKAS

Daytime Telephone Number 703/742-6789

CP2E003 (5/96)