

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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 1:43



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000413

RFS FINANCING PARTNERSHIP, L.P.

Mailing Address

Principal Office Address

~~889 RIDGE LAKE BOULEVARD~~
~~SUITE 100~~
~~MEMPHIS TN 38120~~

~~889 RIDGE LAKE BOULEVARD~~
~~SUITE 100~~
~~MEMPHIS TN 38120~~

3. Date Formed or Registered

10/28/1996

5a. Capital Contributions as Shown on record.

\$10.00

3a. Date of Last Report

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

- 0 -

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

850 Ridgelahe Blvd

850 Ridgelahe Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

Suite 220

City & State

City & State

MPHS TN

MPHS TN

Zip

Zip

38120 USA

38120 USA

6. FEI Number

62-1659026

☐ 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

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

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

RFS FINANCING CORPORATION

889 RIDGE LAKE BLVD.,

MEMPHIS TN 38120

F96000005522

800002126058--5
-03/27/97--01086--007
*****156.25 ***156.25**

dec 156.25 (new fees)

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

DATE

3-19-97

Typed or Printed Name of General Partner Signing Form

Michael J. Puvol, Secy RFS Fin Corp

Daytime Telephone Number

9017677005

CR2E003 (11/96)