## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1997



Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # B96000000507

RFM FACILITIES MANAGEMENT, L.P.

97-AR

FILED 97 FEB 25 PM 2: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA



	•	ÇM				
Mailing Address  2201 WILSON BLVD SUITE 500  ARLINGTON VA 22201	Principal Office Address 2201 WILSON BLVD SUITE 500 ARLINGTON VA 22201		3. Date Formed or Registered 12/24/1996 38. Date of Last Report	58. Capital Contributions as Shown on record. \$0.00		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4. State or County of 10 10 2 197 - 01076 - 003  DE -02/27/97 - 01076 - 003		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number			
City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip Country		8, Make check payable to: Dept. of State (See reverse side for fee information)			
.  9. Name and Address of Curren	t Registered Agent		10. If changed, new Registers	ed Agent/Office		
, NRAI SERVICES, INC.		Name				
526 EAST PARK AVENUE TALLAHASSEE FL 32301		Street Address (P.O. Box Number is Not Acceptable)				
IALLANASSEE FL 32301		Suite, Apl. #, etc.				
		Сіту			Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	IS A CORPORATION, L T BE REGISTERED AN	IMITED PAR D ACTIVE W	TNERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
TELECOM TOWERS, INC.	2201 WILSON BLVD., ST		ARLINGTON VA 22201		6000006781	
TELECOM TOWERS MID-ATLANTIC	2201 WILSON BLVD., SU		ARLINGTON VA 22201		F98000006781 B9800000508	
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the Comporations from any liability of non-compliance with annual report is true and accurate and that my signate empowered to execute this report as required by chain the component of th	his filing is voluntarily furnished and does not a Section 119.07(3)(k) in the event that the inf ure shall have the same legal affects as if ma	qualify for the exemptio ormation supplied is de-	n stated in Section 119.07(3)(k), Florida med exempt from public access. I furthe	Statutes. I relea or certify that the	se the Division of Information Indicated on this	
SIGNATURE Muchael =  Typed or Printed Name of General Partner Signing Form	De E	xeculive up	DATE	217	197	
Typed or Printed Name of General Partner Signing Form	4, check 7. williams To	Lecon Towers	Daytime Telephone Number	703) 2	13-1257	