

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 14 AM 8:57



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000507

RFM FACILITIES MANAGEMENT, L.P.

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

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

02/25/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

0

4. State or Country of Formation

DE

2. Mailing Address

1525 Wilson Boulevard
Suite, Apt. #, etc.

Suite 500

City & State
Arlington VA

Zip Country

22209

2a. Principal Office Address

1525 Wilson Boulevard
Suite, Apt. #, etc.

Suite 500

City & State
Arlington VA

Zip Country

22209

6. FEI Number

54-1800969
APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

NO \$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

NRAI SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

500002416285--6

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

01/29/98--01086--001

Suite, Apt. #, etc.

****150.00 ****150.00

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)

TELECOM TOWERS, INC.
TELECOM TOWERS MID-ATLANTIC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2201 WILSON BLVD., ST
2201 WILSON BLVD., SU

11b. City, State & Zip Code

ARLINGTON VA 22201
ARLINGTON VA 22201

11c. Registration/
Document Number

F96000006781
B96000000506

KWM/cus

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

Michael T. Williams

DATE

1/8/98

Typed or Printed Name of General Partner Signing Form

Michael T. Williams

Daytime Telephone Number

(703) 243-1257

CR2E003 (6/97)