

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A10844
 1. Entity Name
REALTY INCOME, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 20 AM 3:05




Principal Place of Business
**4408 WOODFIELD BLVD
 BOCA RATON FL 33434**

Mailing Address
**4408 WOODFIELD BLVD
 BOCA RATON FL 33434-5304**

2. Principal Place of Business
 Suite, Apt. #, etc. .
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2122698** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ABRAMS, PAUL J.
 4408 WOODFIELD BLVD
 BOCA RATON FL 33434**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$770,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

**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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	652192 ABRAMS AND COMPANY 4408 WOODFIELD BLVD. BOCA RATON FL 33434
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
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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

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/11/00**

Daytime Phone #