## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A10844							 	}	
REALTY INCOME, LTD.						SLOFE MARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business  4408 WOODFIELD BLVD  BOCA RATON FL 33434  Mailing Address  4408 WOODFIELD BLVD  BOCA RATON FL 33434-53				04		00 APR 20 AH 3: 05			
Principal Place of Business     3. Mailing Address			Mailing Address	<u></u>		- 1 1001011 1001 11011 99101 19111 91011 9101 91011 91011 91011 91011 91011 91011 91011 91011 91011			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	59-2122698		Applied For Not Applicable
Zip	Country		Zip	Countr	y 	<u> </u>	f Status Desired	□ Fe	8.75 Additional see Required
	6. Name and Addre	ess of Current Regist	erea Agent		Name	7. Name and 7	Address of New Reg	istered Ag	ent
ABRAMS, PAUL J. 4408 WOODFIELD BLVD					Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33434									
					City				
8. The above	named entity submits th	is statement for the p	urpose of changing its re	egistered	d office or register	ed agent, or both	, in the State of Florid	ia.	
SIGNATURE .	Signature, typed or printed name	of registered agent and title if	applicable. (NOTE:	Registered /	Agent signature required	when reinstating)		DATE	
9. Capital Cor as Shown o	ntributions \$7	70,000.00	10. Amount of Capital in FLORIDA to dat	te.			SEE REVERSE	SIDE FOR	O DEPT. OF STATE FEE INFORMATION
	A GENERAL	. PARTNER THAT I Partnere MAY NO	S A BUSINESS ENT T be changed on the	TTY MU e form:	IST BE REGIST an amendmen	FERED AND AG It must be filed	TIVE WITH THIS	OFFICE. eral partn	ner.
12.		RAL PARTNER INFO		13.			ADDRESS CHAN		
DOCUMENT#	652192				<del></del>	<del></del>			
NAME STREET ADDRESS	ABRAMS AND COMPANY 4408 WOODFIELD BLVD.			CITY-S	TADDRESS				
CITY-ST-ZIP	BOCA RATON FL 3	3434 		<del> </del>					
NAME STREET ADDRESS					TADORESS	0000032415002 -05/05/0001035016			
CITY-ST-ZIP  DOCUMENT #		<del></del>	<u> </u>	CITY-S			****526	3.25	****S26.2S
NAME STREET ADDRESS	•	•		STREET	T ADDRESS		<u> </u>		-
DOCUMENT #				<del> </del>	TADDRESS				
NAME Street address				CITY-S	<u> </u>				
DOCUMENT #				STREET	TADORESS				
NAME STREET ADDRESS CITY-ST-ZIP				CrTY-S	5T - ZIP	_ <del></del> _			
DOCOMENT#	· · ·			STREET	TADORESS	<u></u>			
NAME STREET ADDRESS CITY-ST-ZIP	¥			CITY-S	ST-ZIP				
14. I hereby c indicated the receiv	pertify that the information on this report is true and the or trustee empowered	n supplied with this fill d accurate and that in d to execute this repor	7		option stated in Se legal effect as if m orida Statutes	ection 119.07(3)(i) nade under oath;	, Florida Statutes. I fu that I am a General F	urther certifi Partner of th	y that the information te limited partnership or
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daytime Phone #									