



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 97 DEC 31 PM 12:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership		1a. DOCUMENT # A11804			
IPA REALTY PARTNERS, LTD.		98-AR/LM #541.25			
Mailing Address 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216		Principal Office Address 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216		3. Date Formed or Registered 12/30/1981	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 98-0019370	
Zip		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> \$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		10. If changed, new Registered Agent/Office	
CORNELIUS, BENJAMIN A. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216		Name Street Address (P.O. Box Number, if applicable) Suite, Apt. #, etc. City	
		200002402252--5 -01/15/98--01113--002 ***3247.50 ****541.25 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
RICHARDSON, WILLOUGHBY F	., III, 85 BEACH STR BLDG. D	WESTERLY RI 02891	

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 12/08/97

Typed or Printed Name of General Partner Signing Form W. F. RICHARDSON, III Daytime Telephone Number (401) 596-6600

CR2E003 (6/97)