

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

FILED

97 DEC 31 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A11806
5TH IPA REALTY PARTNERS, LTD.	



Mailing Address 4496 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32216	Principal Office Address 4496 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32216	3. Date Formed or Registered 12/30/1981	5a. Capital Contributions as Shown on record. \$1,277,400.00
		3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 98-0034172	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent CORNELIUS, BENJAMIN A. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002402263--1 Suite, Apt. #, etc. -01/15/98--01113--002 City ***3247.50 ***541.25 FL
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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) RICHARDSON, WILLOUGHBY F	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ., III, 85 BEACH STR BLDG. D	11b. City, State & Zip Code WESTERLY RI 02891	11c. Registration/ Document Number
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**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

  
W. F. RICHARDSON, III

DATE

12/08/97

(401) 596-6600

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)