

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 6TH IPA REALTY PARTNERS, LTD.		1a. DOCUMENT # A11809	
2. Mailing Address 4496 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32216		2a. Principal Office Address 4496 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32216	
3. Date Formed or Registered 12/30/1981		5a. Capital Contributions as Shown on record \$646,700.00	
3a. Date of Last Report 12/23/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 98-0036159	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	

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) Suite, Apt. #, etc. City
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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)