


LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 23 AM 10: 20

12/31

1. Name of Limited Partnership		1a. DOCUMENT # <b>A11812</b>		12/31	
2D 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 3a. Date of Last Report 12/21/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$2,024,200.00 5b. Amount of Capital Contributions in FLORIDA to date	
City & State		City & State		6. FEI Number 98-0030725 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>  CORNELIUS, BENJAMIN A. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216		<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City		Zip Code  <b>FL</b>
<b>10a.</b> 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		WESTERLY RI		700002053237--3 -01/09/97--01105--017 ***3457.50 ***576.25

**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 \_\_\_\_\_

12/04/96

CR2E003 (6/96)