FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



REGIONAL INVESTMENT PROPERTIES, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

VA 12/0 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC -6 AM 10: 38



Name and Address of Country Zep						
2. Mating Address 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 59. Principal Office Address 50. Principal Off	PO BOX 13878	PO BOX 13878		07/28/1982	Shown on record.	
28. Frincipal Office Address Suite, Apt. 4, etc Suite, Apt. 4, etc Suite, Apt. 4, etc Cry & State Cry & State Cry & State Cry & State Typ Country Zp Country Zp Country Zp Country Typ Typ Country Typ Country Typ Country Typ Typ Country Typ Country Typ Typ Typ Typ Typ Typ Typ T				12/29/1995	5b. Amount of Capitat	
Suite, Apt. #, etc City & State City & Sta	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		on to date:	
City & State Zip Country Zip	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 50-2272164		
Type Country 2p Country 8. Make chick payable to Dept. of Statis (See reverse side for fee Information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent Office Name Seed Address (P.O. Box frumber provisions of section 620 105) and 620 107. Florids Station, the above names invest partiers for organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized or registered under the State of Plotids, submits the above names invested partiership organized under the State of Plotids, submits the above names invested partiership organized under the State of Plotids, submits the above names invested partiership organized under the State of Plotids, submits the above names invested partiership organized under the State of Plotids, submits the submits of agriculture of Plotids (Plotids State). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(n) of General Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. DESON AND ASSOCIATES 11a. Opportune Number DESON AND ASSOCIATES 11b. Chy, State & Zip, Code 11c. Proportiership in the refermation supplied the Plotids of the own in the information supplied the General Partner of the Interded partnership, seeder of instate encounters of the Code of the Code of the State of Code of the C	City & State	City & State				
MOORE, EDGAR M. 308 E. COLLEGE AVE. TALLAHASSEE FI. 32301 Suite, April #, 6to. Seried Address IP O. Box Number 1970 1970 1970 1970 1970 1970 1970 1970	Zip Country	Zip	Z _i p Country		Fee Required	
MOORE, EDGAR M. 308 E. COLLEGE AVE. TALLAHASSEE FI. 32301 Suite, April #, 6to. Seried Address IP O. Box Number 1970 1970 1970 1970 1970 1970 1970 1970	9 Name and Address of Current Re	egistered Agent	1	10. If changed, new Reg	istered Agent/Office	
Sireet Address (P.O. Box Number 12/10/295 - 025			Name			
10a. Pursuant to the provisions of socions 670 1051 and 620 192. Finida Statutes, the above named finited permership organized or registered under the laws of the State of Forida, submitted to the purpose of changing its registered office or registered eigent, or both in the State of Forida. 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. 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. Madfers of Seak-General Partnery DESON AND ASSOCIATES 2032-D THOMASVILLE RD Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby cerish that the information supplied with the sting is voluntarily turnished and does not qualify for the event protein strain appoints from any labelity of non-compliance with Section 1907(3)(s), Florida Statutes. I release the Division of the annual report is true and accurate ying that in general reports the orange of caredary partners with Section 1907(3)(s), Florida Statutes and the samular reports is true and acceptable on the samular reports is true and acceptable to proposed or the samular reports is true and reports accurately with the profession of the samular reports is true and reports accurately with the profession of the samular reports is true and reports accurately with the profession of the samular reports accurately with the general reports of the samular reports accurately with the general reports of the limited partnership, receiver or trustee engowered to execute this report affects of the samular reports according to the samular reports accurately with the general reports of the limited partnership. Proceiver or trustee engowered to execute this report affects of the samular reports according to the samular reports according to the samu	•		Street Address (P.O. Box Number Short Company 2025312-4			
10a. Pursuant to the provisions of socions 620 1051 and 620 192. Florida Standers, the above-named limited partnership organized or registered under the lews of the State of Riorida, submits this statement for the purpose of changing its registered when or registered agent. I am familiar with and accept the obligations of section 520 192. Florida Standers SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP DOR THER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of such General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration Description of the provision of the such districts of the control Partner DEISON AND ASSOCIATES 2032-0 THOMASVILLE RD TALLAHASSEE FL 881461 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(c), Florida Statutes. I release the Division of Corporations from any lability of non-compliance with Section 119 07(3)(c), in the event that the information supplied to deemed exempt from public access. I further certify that the information indicated on the armina faceuration by that my synapsis shall have the same legal effects as if rado under each. I further certify that the information indicated on the armina faceuration price in the partnership, receiver or trustee empowered to execute this report by chapter 600. Florida Statutes SIGNATURE Edgar M. Moore, President Typed or Partled Name of General Partner Signing Form Delision and Associates, Inc. Desylines Teighbone Number 9044/386-7789	TALLAHASSEE FL 32301	Suite, Apt. #, etc.		etc. ***	****576.25 ****576.25	
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Stabules, the above named limited partnership organized or registered under the laws of the State of Roida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I an Immitar with: and accept the onlygiations of section 620 192. Florida Stabules. SIGNATURE (Registered Agent Accepting Appointment) 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 (b) 11a. (Address of Each General Partner (c) (or Or Use Post Offices De Numbers) DEISON AND ASSOCIATES 2032-D THOMASVILLE RD TALLAHASSEE FL 681461 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(5). Florida Statutes. I release the Division of Carporations from any leability of note compliance with the synapsium state of the partner of the training from the training form is the amendment acceptance of the properties of the partner of the finited partnership, receiver or trustee engovered to execute this report by chapter 400. Florida Statutes SIGNATURE Edgar M. Moore, President Typed or Puntled Name of General Partner Signing Form Delison and Associates, Inc. Dayline Teighbon Number 904/386-7789			City		Zip Code	
11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registratory Document Number 11b. City, State & Zip Code 11c. Registratory Document Number 11c. Registratory Document Number 11d. (Do NOT Use Post Office Box Numbers) 11d. City, State & Zip Code 11c. Registratory Document Number 11d. Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido hereby cently that the information supplied with this filing is voluntarily (urnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of Corporations from any lability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. If urther certify that the information indicated on this annual report is true and accurate any 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 of registred by chapter 620. Fiorida Statutes SIGNATURE Edgar M. Moore, President Typed or Printed Name of General Partner Signing Form Deison and Associates, Inc. Devime Telephone Number 904/386-7789	A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido 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 its annual report is true and accurate any that my segmature 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 Edgar M. Moore, President Typed or Printed Name of General Partner Signing Form Deison and Associates, Inc. Daytime Telephone Number 904/386-7789						
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 Edgar M. Moore, President Typed or Printed Name of General Partner Signing Form - Deison and Associates, Inc. Daytime Telephone Number 9.04/386-7789	DEISON AND ASSOCIATES	2032-D THOMASVILLE	RD	TALLAHASSEE FL	681461	
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 Edgar M. Moore, President Typed or Printed Name of General Partner Signing Form - Deison and Associates, Inc. Daytime Telephone Number 9.04/386-7789	•				681461	
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 Statules. SIGNATURE Edgar M. Moore, President Typed or Printed Name of General Partner Signing Form - Deison and Associates, Inc. Daytime Telephone Number 9.04/386-7789						
Edgar M. Moore, President Typed or Printed Name of General Partine: Signing Form Deison and Associates, Inc. Daytime Telephone Number 904/386-7789	Corporations from any liability of non-compliance with S this annual report is true and accurate and that my sign empowered to execute this report as required by chapt	section 119.07(3)(k) in the event that the i ature shall have the same legal effects a er 620, Florida Statules.	nformation supplie	ed is deemed exempt from public access. ath. I further certify that I am a General Par	I further certify that the information indicated on the rot the limited partnership, receiver or trustee	
Typed or Printed Name of General Partner Signing Form Deison and Associates, Inc. Daytime Telephone Number 904/386-7789	SIGNATURE	lear M. Moore, F	resider	1 L	, ,	
	Typed or Printed Name of General Partner Signing Form $_$ $\mathbf{D}_{\mathbf{G}}$	eison and Associ	ates,	Inc. Daytime Telephone Numbe	904/386-7789	