



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 SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC -1 AM 11:20 	
1. Name of Limited Partnership RWB MEDICAL INCOME PROPERTIES 1 LIMITED PARTNERS HIP		1a. DOCUMENT # A23134			
Mailing Address 7000 CENTRAL PKWY SUITE 850 ATLANTA GA 30328		Principal Office Address 7000 CENTRAL PKWY SUITE 850 ATLANTA GA 30328		3. Date Formed or Registered 08/28/1986	
				5a. Capital Contributions as Shown on record. \$7,500,000.00	
				3a. Date of Last Report 12/02/1996	
				5b. Amount of Capital Contributions in FLORIDA to date \$ 7,500,000.00	
2. Mailing Address P.O. Box 500879		2a. Principal Office Address 1100 ALTERNATE ROAD		4. State or Country of Formation LA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 715		6. FEI Number 72-1007233 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State ATLANTA, GA		City & State ATLANTA, GA		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 31150-9901 Country USA		Zip 30328 Country USA		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL FL 33324		10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) SUITE, APT. #, ETC. CITY FL	
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10a. Pursuant to the provisions of sections 620.105-1 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) RWB MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7000 CENTRAL PKWY, #85	11b. City, State & Zip Code ATLANTA GA,	11c. Registration/ Document Number P06541
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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 _____

Typed or Printed Name of General Partner Signing Form _____

John H. Stodman
John H. Stodman
Pres., RWB Mgt. Corp., MGP

DATE _____

Daytime Telephone Number _____

11/4/97
770-668-1080

CR25003 (6/97)