## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

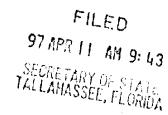
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** B9300000016





REALTY INCOME PARTNER	RS, L.P., LTD.	97-A	R M	1 <b>180</b> 0/81 1610 16160 91111 60111 1	1911 <b>1</b> 014 <b>10</b> 14 <b>10</b> 14 <b>10</b> 14 <b>10</b> 14 <b>10</b> 16 <b>10</b> 16 <b>1</b>	
Mailing Address 900 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1	Principal Office Address  NUE 800 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1		3a.	3. Date Formed or Registered 01/12/1993 50.00  38. Date of Last Report 12/06/1995 5b. Amount of Capital Contributions as		
2. Mailing Address	2a. Principal Office Addres	28. Principal Office Address		le or Country of Formation	# 0.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Number 6-3498821	Applied For	-
City & State	City & State	City & State		tificate of Status Desired	Not Applicable	
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8, Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Co	urrent Registered Agent		10	If changed, new Registers	d Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PANTATION FL 33324		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		Sulte, Apt.	F, etc.			
		City			FL Zip Code	
am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED	AND ACTIV	PARTNER	DATE SHIP OR OTHE	R BUSINESS ENTI	ΓY
11. Name(s) of General Partner(s)	11a. Address of Each G	ieneral Partner lice Box Numbers)	<b>11b.</b> Ci	y, State & Zip Code	11c. Registration/ Document Number	
JMB REALTY CORPORATION		900 N. MICHIGAN AVENU		) IL 60611	F92000000233	U]
				700002146877 -04/17/8701108- ****156.25 ****		- 1
Note: General pertners MAV A				and had the ab		
HOLE. General Partifers MAT I	IOT be changed on this f	orm; an am	enament mi	ist be illed to ch	ange a general partne	۱ <b>۲.</b>
12. I do hereby certify that the Information supplied Corporations from any liability of non-compliance annual report is true and accurate and that my sempowered to execute this report as required by	with this filing is voluntarily furnished and do a with Section 119.07(3)(k) in the event that ignature shall have the same legal effects as y chapter 620, Florida Statutes.	es not qualify for the the information supples if made under oath.	exemption stated in a lied is deemed exem I further certify that i	Section 119.07(3)(k), Florida & pt from public access. I furthe am a General Partner of the	Statutes. I release the Division of r certify that the Information indicated limited partnership, receiver or trustee	
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