

**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

FILED
97 APR 11 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. **DOCUMENT #**
B93000000016

REALTY INCOME PARTNERS, L.P., LTD.

*97-AR
CM*



Mailing Address 800 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1		Principal Office Address 800 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1		3. Date Formed or Registered 01/12/1993	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/06/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$0.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation IL	
City & State		City & State		6. FEI Number 36-3498821	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
JMB REALTY CORPORATION	900 N. MICHIGAN AVENUE	CHICAGO IL 60611	F92000000233
700002146877--5 -04/17/97--01108--012 ****156.25 ****156.25			

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 *Kim Carlson, asst. Secretary of G.P.* DATE *March 7, 1997*
 Typed or Printed Name of General Partner Signing Form *JMB Realty Corporation* Daytime Telephone Number *(312) 915-1931*

CR2E003 (11/96)