


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LEPERCQ CORPORATE INCOME FUND L.P.		1a. DOCUMENT # B98000000288			

FILED

98 DEC 28 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 355 LEXINGTON AVENUE, 14TH FLOOR NEW YORK NY 10017		Principal Office Address 355 LEXINGTON AVENUE, 14TH FLOOR NEW YORK NY 10017		3. Date Formed or Registered 05/04/1998	5a. Capital Contributions as Shown on record. \$6,755,795.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: \$6,755,795.00
				6. FEI Number 13-3779859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) LEX GP-1, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 355 LEXINGTON AVE., 1	11b. City, State & Zip Code NEW YORK NY 10017	11c. Registration/Document Number F96000001735
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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 By: Antonia G. Trigiani DATE 12/21/98
 Typed or Printed Name of General Partner Signing Form Antonia G. Trigiani, Vice President of the
General Partner, Lex GP-1, Inc. Daytime Telephone Number (212)692-7200

CR2E003 (8/98)