FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED SECRETARY OF STATE OTVISION OF COMPORATIONS

1999	DIVISION OF	CORPORATIONS	99 JUN -4	AM11: 42
1. Name of Limited Partnership	1a. DOCUM B9800000			
MERRY LAND DOWNREIT I LP				
Mailing Address 624 ELLIS STREET AUGUSTA GA 30901	Principal Office Address 624 ELLIS STREET AUGUSTA GA 30801 2a. Principal Office Address Two North Riverside Plaza Suite, Apt. #, etc. Ste. 450		3. Date Formed or Registered 03/18/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Mailing Address Two North Riverside Plaz Suite Apt. #, etc. Ste. 450			4. State or Country of Formation GA 6. FEI Number 58-2379055	5b. Amoun: of Capital Contributions in FLORIDA to date
City & State Chicago, IL 60606 Zip Country	City & State Chicago, IL	60606 Country	7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required Stale (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		Name Lexis Document Services Inc. Steps Address (P.O. Boy Number Is Not Acceptable) Suite, Apt. #. elc		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Florio		nized or registered under the laws of the	
A GENERAL PARTNER THAT	IS A CORPORATION I			R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c. Registration/
MERRY LAND APARTMENT COMMUNI	Two North Riverside Plaza, S		N UGUSTA GA 30901 Suite 450, Chicago	F95000006222
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1	<u> </u>			11
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.07 is true and accurate and that my signature shall have the execute this report as required by chapter \$20, Florida \$20.	filing is voluntarily furnished and does not o (3)(k) in the event that the information supples same legal effects as if made under oath	qualify for the exemption s lied is deemed exempt fro	tated in Section 119.07(3)(k), Florida Sta om public access. I further certify that the a General Partner of the Irmited partner.	atules. I release the Division of Corporations be information indical-d on this annual report ship, receiver or trustee empowered to
OIOI WITOILE	Mo_		DATE	3/23/99
Lisa Currie, Sec. o	ot GP		Daytime Telephone Number	312/474-1300