

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 13 PM 2:26



1. Name of Limited Partnership		1a. DOCUMENT # A20449
PADDOCK PARK APARTMENTS, L.P.		
Mailing Address P.O. BOX 6500 (31905) 900 BROOKSTONE CENTRE PKWY. COLUMBUS GA 31904		Principal Office Address P.O. BOX 6500 (31905) 900 BROOKSTONE CENTRE PKWY. COLUMBUS GA 31904
2. Mailing Address 6584 Poplar Ave.	2a. Principal Office Address 6584 Poplar Ave.	
Suite, Apt. #, etc. Suite 340	Suite, Apt. #, etc. Suite 340	
City & State Memphis, TN	City & State Memphis, TN	
Zip 38138 Country	Zip 38138 Country	

3. Date Formed or Registered 07/29/1985	5a. Capital Contributions as Shown on record \$2,200,000.00 2,378,760.00
3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date 2,378,760.00
4. State or Country of Formation GA	
6. FEI Number 58-1632116	<input type="checkbox"/> Applied For <input checked="" 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		10. If changed, new Registered Agent/Office	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301		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
MID-AMERICA HOLDINGS, L.L.C.	6584 POPLAR AVE., SU1	MEMPHIS TN 38138	M97000000782
400002882774--5 -05/21/99--01077--008 ***4736.25 ****526.25 5-13-99			

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

Mark S. Martini

DATE

April 9, 1999

Typed or Printed Name of General Partner Signing Form

MARK S. MARTINI

Daytime Telephone Number

901 682-6600

CR2E003 (12/98)