

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN -5 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



SL 1/16

1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**A21452**

**PADDOCK PARK APARTMENTS, PHASE II, LTD.**

Mailing Address P.O. BOX 6566 COLUMBUS GA 31906		Principal Office Address 900 BROOKSTONE CENTRE PARKWAY COLUMBUS GA 31904	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered <b>12/11/1985</b>	5a. Capital Contributions as Shown on record.  <b>\$11.00</b>
3a. Date of Last Report <b>10/28/1996</b>	
4. State or Country of Formation <b>GA</b>	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number <b>58-1677304</b>	
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  <b>CORPORATION INFORMATION SERVICES, INC.</b> <b>1201 HAYS ST.</b> <b>TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>5000002407335--0</b> Suite, Apt. #, etc. <b>-01/21/98--01105--015</b> City <b>***156.25 ***156.25</b> <b>FL</b>
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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)  <b>FLOURNOY, JOHN F</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>900 BROOKSTONE CEN. P</b>	11b. City, State & Zip Code  <b>COLUMBUS GA 31904</b>	11c. Registration/ Document Number
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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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Thomas D. Kenney DATE 12/17/97  
Typed or Printed Name of General Partner Signing Form Thomas D. Kenney Daytime Telephone Number (706) 324-4000

CR2E003 (6/97)