

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 #  
A27991

PADDOCK CLUB JACKSONVILLE, A LIMITED PARTNERSHIP

Mailing Address

P.O. BOX 8306  
COLUMBUS GA 31906

Principal Office Address

300 BROOKSTONE CENTRE PKWY.  
COLUMBUS GA 31904

3. Date Formed or Registered

03/02/1989

5a. Capital Contributions as  
Shown on record

~~\$98.00~~  
9,499,976

3a. Date of Last Report

01/05/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date

9,499,976

4. State or Country of Formation

GA

6. FEI Number

58-1838954

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
502 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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)

MID-AMERICA APARTMENT COMMUN

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6584 POPLAR AVENUE, S

11b. City, State & Zip Code

MEMPHIS TN 38138

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 or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mark S. Martini

DATE

April 6, 1999

Typed or Printed Name of General Partner Signing Form

MARK S. MARTINI

Daytime Telephone Number

801 682-6600

CR2E003 (12/98)