

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 28 11:10:58



1. Name of Limited Partnership	1a. DOCUMENT # A29653
PADDOCK PARK OCALA II, A LIMITED PARTNERSHIP	

Mailing Address P.O. BOX 6566 COLUMBUS GA 31995	Principal Office Address P.O. BOX 6566 COLUMBUS GA 31995	3. Date Formed or Registered 02/12/1990	5a. Capital Contributions as Shown on record \$98.00
		3a. Date of Last Report 10/31/1995	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation GA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 58-1838953	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVE. TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 300001992823--0 Suite, Apt. #, etc. -10/31/96--01095--012 City ****382.50 ****191.25 FL
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FLOURNOY, JOHN F FLOURNOY DEVELOPMENT CO.	900 BROOKSTONE CEN PK 900 BROOKSTONE CEN PK	COLUMBUS GA COLUMBUS GA	P04689 FF \$191.25

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 _____

DATE **October 18, 1996**

Typed or Printed Name of General Partner Signing Form **George S. Moore, Senior V.P./Treasurer** Telephone Number **(706) 324-4000**

CR2E003 (6/96)