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

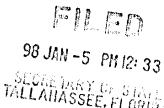
LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



1 Manager and Mana	· · · · · · · · · · · · · · · · · · ·	1a. DOCUM	INLLAHAS	SEE, FI	(14) ((1916) :			
Name of Limited Partnership	1 Limited Partnership 1a. DUCUIVIEN I # A29653				TALLAHASSÉÉ, FLORIÚA			
PADDOCK PARK O	CALA II, A LI	MITED PARTNERSH	liP				HIII III III III III II	
Mailing Address		Principal Office Address			3. Date Formed or Registered	5a. Capit	tal Contributions as yn on record.	
P.O. BOX 6566 COLUMBUS GA 31895		P.O. BOX 6566 COLUMBUS GA 31895			02/12/1990 3a. Date of Last Report	\$98.00		
				i	10/28/1996	5b. Amo Cont	unt of Capital ributions in FLORIDA	
2. Malling Address		2a. Principal Office Address			4. State or Country of Formation GA	to da	re:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 58-1838953	,	Applied For Not Applicable	
City & State		City & State			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Z ip Cour	ntry	Zip Country			8. Make check payable to: Dept. o	State (See rev		
		\						
9. Name at	nd Address of Current Re	gistered Agent	Name		10. If changed, new Register	ed Agent/Office		
CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVE.			Street Address (P.O. Box Number (INI Abe Nach 2 4 0 7 3 3 1 3					
TALLAHASSEE FL 32301		Suite, Apt. #, etc.		f, etc.	****156.25 ****156.25			
			City			FL	Zip Code	
for the purpose of changing	its registered office or reg d accept the obligations of	20 192, Florida Statutes, the above-name istered agent. or both, in the State of Flor section 620 192, Florida Statutes.			horized by its general partner(s). The			
	TNER THAT IS	A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PART	NERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of General Partn	er(s)	11a. Address of Each General (Do NOT Use Post Office Bo	l Parlner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
FLOURNOY, JOHN F		900 BROOKSTONE CEN I		COL	UMBUS GA			
FLOURNOY DEVELOPMENT CO.		900 BROOKSTONE CEN PK		COLUMBUS GA		P04	P04689	
					•			
		e changed on this form			······································		_ _	
12. I do hereby certify that the info	rmation supplied with this t	filing is voluntarily furnished and does no	t qualify for the	exemplion	stated in Section 119.07(3)(k), Florida	Statutes. I rele	ase the Division of	

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 truster
	empowered to execute this report as required by chapter 620, Florida Statutes.
	11 - 11.

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

Thomas D. Kinney

___DATE 12/17/97

(706) 324-4000 Daytime Telephone Number _