

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

59 MAY 13 PM 2:26



1. Name of Limited Partnership MID-AMERICA APARTMENTS, LTD.		1a. DOCUMENT # B94000000320
Mailing Address 6584 POPLAR AVE., SUITE 340 MEMPHIS TN 38138	Principal Office Address 6584 POPLAR AVE., SUITE 340 MEMPHIS TN 38138	
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 08/05/1994	5a. Capital Contributions as Shown on record \$0.00
3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date 15,105,033
4. State or Country of Formation TN	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 62-1543816	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office 526.25
Name	Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.	City
City	Zip Code FL

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 AVE., SUI	11b. City, State & Zip Code MEMPHIS TN 38138	11c. Registration/ Document Number F94000004077
		200002882772--1 -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 **2-15-99**
Typed or Printed Name of General Partner Signing Form **MARK S. MARTINI** Daytime Telephone Number **901 682-6600**

CR2E003 (12/98)