

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR 10-1-01

**DOCUMENT # B94000000320**

1. Entity Name

MID-AMERICA APARTMENTS, LTB& LP

**FILED**

*Handwritten signature*

Principal Place of Business  
6584 POPLAR AVE., SUITE 340  
MEMPHIS TN 38138

Mailing Address  
6584 POPLAR AVE., SUITE 340  
MEMPHIS TN 38138

01 APR 19

PM 12:23

**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1543816 ✓

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

\$66,399,499

10. Amount of Capital Contributions in FLORIDA to date.

66,399,499

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	F94000004077
NAME	MID-AMERICA APARTMENT COMMUNITIES, INC.
STREET ADDRESS	6584 POPLAR AVE., SUITE 340
CITY-ST-ZIP	MEMPHIS TN 38138
DOCUMENT #	
NAME	
STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Leslie Bratten Cantrell Wolfgang 4-12-01 (904) 682-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)