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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



PADDOCK CLUB TALLAHASSEE PHASE II, A LIMITED PAR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B94000000446** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN -5 PM 3: 22



TNERSHIP **5a.** Capital Contributions as Shown on record. 3. Date Formed or Registered Mailing Address Principal Office Address 11/03/1994 900 BROOKSTONE CENTRE PARKWAY 900 BROOKSTONE CENTRE PARKWAY \$99.00 COLUMBUS GA 31904 COLUMBUS GA 31904 3a. Date of Last Report 10/28/1996 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 28. Principal Office Address GA Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 58-2140326 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name 900002405289--7 CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptated) / 20/98--01117--001 1201 HAYS STREET ****156, 25 ****156, 25 TALLAHASSEE FL 32301 Suite, Apt. #, etc Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutos, 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner Registration/ 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) City, State & Zip Code Document Number FLOURNOY DEVLEOPMENT-COMPANY 900 BROOKSTONE CENTRE COLUMBUS GA 31904~ P04689 --amenones 12-1-97 Mid-America Apartment 6:584 Poplar Ave., Ste. Niengtis, 777 38/38 594-4077 Communities, Inc.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ldo hereby certify that the information supplied with this filling is voluntarily furnished and doos 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 doesned 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 it made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report ap sequired by chapter 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

Thomas

D. Kunner
Thomas D. Kinney

DATE 12/17/97

Daytime Telephone Number (706) 324-4000

CR2E003 (6/97