

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000389

1. Entity Name

PADDOCK CLUB JACKSONVILLE PHASE II, A LIMITED PA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6584 POPLAR AVE SUITE 340 MEMPHIS TN 38138	Mailing Address 6584 POPLAR AVE SUITE 340 MEMPHIS TN 38138-0637
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-2193441	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,331,883.00	10. Amount of Capital Contributions in FLORIDA to date. 6,371,829	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	F94000004077 MID-AMERICA APARTMENT COMMUNITIES, INC. 6584 POPLAR AVENUE, SUITE 340 MEMPHIS TN 38138	STREET ADDRESS CITY - ST - ZIP	
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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: COGNATE FLESHWIRE 4-28-00 901-682-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #