

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 AM 9:33

1. Name of Limited Partnership Mid-America Apartments of Duval, L.P.		1a. DOCUMENT # B97000000561	
2. Mailing Address 6584 Poplar Avenue Suite, Apt. #, etc. Suite 340 City & State Memphis, TN Zip Country 38138 USA		2a. Principal Office Address 6584 Poplar Avenue Suite, Apt. #, etc. Suite 340 City & State Memphis, TN Zip Country 38138 USA	
Mailing Address 6584 Poplar Avenue		Principal Office Address	
3. Date Formed or Registered 10/22/97		5a. Capital Contributions as Shown on record \$707,226.00	
3a. Date of Last Report initial report		5b. Amount of Capital Contributions in FLORIDA to date 707,226.00	
4. State or Country of Formation Tennessee		6. FEI Number 62-1717417 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 And bona Fee Required		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 South Pine Island Road Plantation, FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.105-1 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 Communities, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6584 Poplar Avenue Suite 340	11b. City, State & Zip Code Memphis, TN 38138	11c. Registration/Document Number F9400004077
4000002485544--3 -04/10/98--01115--010 ****541.25 ****541.25			

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 By: *Lynn Johnson* DATE **12/15/97**
 Typed or Printed Name of General Partner Signing Form: **Lynn Johnson, VP/Secy/Treasurer** Daytime Telephone Number: **(901) 682-6668**

CR2E003 (6/97)