

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

93 APR -8 AM 9:33

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000627

MID-AMERICA CAPITAL PARTNERS, L.P.



Mailing Address

6584 POPLAR AVE., SUITE 340
MEMPHIS TN 38138

Principal Office Address

6584 POPLAR AVE., SUITE 340
MEMPHIS TN 38138

3. Date Formed or Registered

11/19/1997

5a. Capital Contributions as
Shown on record.

\$11,558,000.00

3a. Date of Last Report

Initial Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

DE

2. Mailing Address

The Corporation Trust Co

2a. Principal Office Address

The Corporation Trust Co

1209 Orange Street

1209 Orange Street

Wilmington, Delaware

Wilmington, Delaware

Zip
19801

Country
USA

Zip
19801

Country
USA

6. FEI Number

62-1717980

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T 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

408002485764-7

-04/10/98--01120--024

*****526.25 FL ***526.25**

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)

MAACP, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

C/O 1209 ORANGE STREE

11b. City, State & Zip Code

WILMINGTON DE 19801

11c. Registration/
Document Number

F97000006119

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 Smarini

DATE

April 3, 1998

Typed or Printed Name of General Partner Signing Form

SECRETARY FOR MAACP INC

Residing Telephone Number

901 682-6600

CR2E003 (12/97)