

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State,  
DIVISION OF CORPORATIONS

FILED

99 MAY 13 PM 2:26

1. Name of Limited Partnership

1a. DOCUMENT #  
B97000000627

MID-AMERICA CAPITAL PARTNERS, L.P.

Mailing Address

% THE CORPORATION TRUST  
1209 ORANGE STREET  
WILMINGTON DE 19801

Principal Office Address

% THE CORPORATION TRUST  
1209 ORANGE STREET  
WILMINGTON DE 19801

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/19/1997

3a. Date of Last Report

04/08/1998

4. State or Country of Formation

DE

6. FEI Number

62-1717980

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$11,558,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

37,118,631

☐ Applied For  
☐ Not Applicable

\$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

100002882531--2

-05/21/99--01077--007

\*\*\*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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

MAACP, INC.

C/O 1209 ORANGE STREE

WILMINGTON DE 19801

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 S. Martini*

DATE

April 6, 1999

Typed or Printed Name of General Partner Signing Form

MARK S. MARTINI

Daytime Telephone Number

901 622-6600

CR2E003 (12/98)