

**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



	<p><b>1a. DOCUMENT #</b> <b>B97000000627</b></p>
--	--

**1. Name of Limited Partnership**  
**MID-AMERICA CAPITAL PARTNERS, L.P.**

<p><b>Mailing Address</b> % THE CORPORATION TRUST 1209 ORANGE STREET WILMINGTON DE 19801</p>	<p><b>Principal Office Address</b> % THE CORPORATION TRUST 1209 ORANGE STREET WILMINGTON DE 19801</p>
--	---

<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
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**  
 \$8.75 Additional Fee Required

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

**5a. Capital Contributions as Shown on record**  
~~\$11,558,000.00~~

**3b. Amount of Capital Contributions in FLORIDA to date**  
37,118,631

**5b. Amount of Capital Contributions in FLORIDA to date**  
37,118,631

Applied For  
 Not Applicable

**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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
MAACP, INC.	C/O 1209 ORANGE STREE	WILMINGTON DE 19801	F97000006119

62  
5-13-99

**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)