


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001399		
1. Entity Name ABBINGTON POINTE AT ROBINSON BAYOU, LTD.		

FILED
06 MAY -1 PM 2:33
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319 US	Mailing Address 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2254306	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REA, JR, WILLIAM J 100 SOUTH BRIDGE LANE C-213 WATERSOUND BEACH, FL 32413	
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7. Name and Address of New Registered Agent Name <u>REA, JR, WILLIAM J</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 OSPREY POINT DRIVE</u> City <u>OSPREY</u> FL Zip Code <u>34229</u>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/27/06
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	L04000063668 NANTAHALA ABBINGTON POINTE, LLC 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319	STREET ADDRESS CITY-ST-ZIP	
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1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06 404-250-4693
Date Daytime Phone #

STAPLE CHECK HERE