

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED

06 MAY -1 PM 2:33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04242006 Chg-LP CR2E003 (11/05)

DOCUMENT # A04000001399					
1. Entity Name ABBINGTON POINTE AT ROBINSON BAYOU, LTD.					
Principal Place of Business 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319 US			Mailing Address 2002 SUMMIT BOULEVARD, SUITE 1000 ATLANTA, GA 30319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2254306	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REA, JR, WILLIAM J 100 SOUTH BRIDGE LANE C-213 WATERSOUND BEACH, FL 32413			Name REA, JR, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 120 OSPREY POINT DRIVE City OSPREY FL Zip Code 34229		
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	
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 #	L04000063668		STREET ADDRESS		
NAME	NANTAHALA ABBINGTON POINTE, LLC		CITY-ST-ZIP		
STREET ADDRESS	2002 SUMMIT BOULEVARD, SUITE 1000				
CITY-ST-ZIP	ATLANTA, GA 30319				
DOCUMENT #			STREET ADDRESS	200075015602	
NAME			CITY-ST-ZIP	05/22/06--01016--012 **500.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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:				DATE 4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # 404-250-4693	

STAPLE CHECK HERE