

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # A29123

1. Entity Name
NORTHWOOD APARTMENTS OF GEORGIA, A LIMITED PARTNERSHIP



Principal Place of Business
**900 BROOKSTONE CENTRE PARKWAY
COLUMBUS, GA 31995**

Mailing Address
**P.O. BOX 6566
COLUMBUS, GA 31995**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-LP CR2E003 (11/05)

4. FEI Number
58-1864373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is not acceptable)

City

7. Name and Address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**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

DOCUMENT # **G02134900241**
NAME **FLOURNOY AFFORDABLE HOUSING**
STREET ADDRESS **900 BROOKSTONE CNTR PKWY, P.O. BOX 6566**
CITY-ST-ZIP **COLUMBUS, GA 31907**

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13. ADDRESS CHANGES ONLY

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U00000564283
05/20/06-60049-022 500.00

**DO NOT WRITE
IN THIS SPACE**

MAY 20 2006

14. 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:

Jeffrey W. Johnson
JEFFREY W. JOHNSON

3/27/06

(706) 324-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE