


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

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|---|---|
| DOCUMENT #A29779 1. Entity Name RAINBOW GARDENS APARTMENTS LIMITED |  |
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| Principal Place of Business 3111 PACES MILL RD, STE A250 ATLANTA, GA 30339 | Mailing Address 3111 PACES MILL RD, STE A250 ATLANTA, GA 30339 |
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|---|--------------------|
| 2. Principal Place of Business - No P.O. Box # 11850 Rainbow Garden Cr | 3. Mailing Address |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|------------------------------|--------------|
| City & State Dunellon, FL | City & State |
|------------------------------|--------------|

| | | | |
|--------------|---------|-----|---------|
| Zip 34432 | Country | Zip | Country |
|--------------|---------|-----|---------|

01032007 Chg-LP CR2E003 (12/06)

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| 4. FEI Number 59-2973656 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGEMENT INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | BROWN, LEWIS JR. | STREET ADDRESS | |
| NAME | 4020 NEWBERRY ROAD., STE 500 | CITY - ST - ZIP | |
| STREET ADDRESS | GAINESVILLE, FL 326025068 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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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: Susan Adams, Registered Agent 1-11-07 770-984-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE