2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 30, 2005 08:00 AM Secretary of State

	DOCUMENT # A30785 1. Entity Name WICKHAM WAY TOWNHOMES, A LIMITED PARTNERSHIP							Secretary of State				
	Principal Place of Business 900 BROOKSTONE CENTRE PARKWAY 900 BROOKSTONE CEN P.O. BOX 6566 COLUMBUS, GA 31995 Mailing Address 900 BROOKSTONE CEN P.O. BOX 6566 COLUMBUS, GA 31995						ARKWAY		17711 du rte i dur e i dio: # fli		NAM STANI KYANAN SI MAK	
	2. Principal Place of Business				Mailing Address							
	Suite, Apt.	. #, etc.	· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	<u> </u>		04132005	Chg-LP	CR2E003	3 (10/03)	
	City & Star	te			City & State			4. FEI Number 58-1912			Applied For Not Applicable	
	Zip &	Country			Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Registered Agent					l	1	7. Name and Address of New Registered Agent				
ı							Name					
	CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE, FL 32301						Street Address (dress (P.O. Box Number is Not Acceptable)				
	ALLAHASSEE, FL 32301						City					
							City			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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE											
	SignATURE Signature, typed or printed name of registered agent and title if applicable.									DATE		
	9. Capital Contributions \$98.00 10. Amount of Capital in FLORIDA to date						ibutions					
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment							ERED AND AC	TIVE WITH THE	S OFFICE.	er.	
	12. GENERAL PARTNER INFORM				RMATION 13.				ADDRESS CHA	NGES ONLY		
	DOCUMENT / NAME STREET ADDRESS				TMENT COMPANY !!		EET ADDRESS					
	CITY-ST-ZIP	COLUMBUS, GA 31904				CITY	-ST-ZIP		<u>,</u>			
	DOCUMENT # NAME	FLOURNOY, JOHN F.				STRE	EET ADDRESS		**************************************	4 , 49, 4, 20 , 2 0, 100 , 20,		
_	STREET ADDRESS CITY - ST - ZIP		OKSTONE CEN. PK US, GA 31904	WY	cm		-ST-ZIP		04/30/05-	80085-0	301 141.25	
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	14. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										that the information e limited partnership or	

SCHALLER AND TYPED OR PRINCED NAME OF SIGNING GENERAL PARTNER