


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A30787 1. Entity Name HILLMOOR TOWNHOMES, A LIMITED PARTNERSHIP	
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Principal Place of Business 900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31995	Mailing Address 900 BROOKSTONE CENTRE PARKWAY P.O. BOX 6566 COLUMBUS GA 31995
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E003 (11/03)

4. FEI Number 59-1912891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301	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

9. Capital Contributions as Shown on record. \$98.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	M99000000746	STREET ADDRESS	
NAME	FLOURNOY TAX CREDIT INVESTMENT COMPANY II	CITY-ST-ZIP	
STREET ADDRESS	900 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	COLUMBUS GA 31904		
DOCUMENT #		STREET ADDRESS	
NAME	FLOURNOY, JOHN F	CITY-ST-ZIP	
STREET ADDRESS	900 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	COLUMBUS GA 31904		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **JEFFREY W. JOHNSON** 4/6/04 (706) 324-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE