2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

DOCUMENT # A30788  1. Entity Name SANTE FE TOWNHOMES, A LIMITED PARTNERSHIP					Secretary of State	
Principal Place of Business - Mailing Address 900 BROOKSTONE CENTRE PARKWAY 900 BROOKSTONE CENTRE P.O. BOX 6566 P.O. BOX 6566 COLUMBUS, GA 31995 - COLUMBUS, GA 31995						#4# #4# <b>1</b> ## 1## 1## 1## 1###
Principal Place of Business     Mailing Address					T HORISTA HERE ANN CENT INCES TRING HER CUENT	INTER BEEK BEEK BEBIK BEBIKAK BETIAT
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132005 Chg-LP C	:R2E003 (10/03)
City & State		City & State		4. FEI Number 58-1912886	Applied For Not Applicable	
Zip·	Country Zip C		Country		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC.				7. Name and Address of New Registered Agent Name		
				Street Address (P.O. Box Number is Not Acceptable)		
502 EAST PARK AVENUE TALL'AHASSEE, FL 32301			-			
			-			
			_	City		FL Zip Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered o	office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered spant and lible if applicable.						
	ntributions \$98.00	10. Amount of Capita in FLORIDA to de		ons		
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY MUS	T BE REGIST	ERED AND ACTIVE WITH THIS O t must be filed to change a gener	FFICE.
12. GENERAL PARTNER INFORMATION				- 1	ADDRESS CHANGE	
DOCUMENT # NAME	FLOURNOY, JOHN F.			DORESS		
STREET ADDRESS	900 BROOKSTONE CEN. PKWY			- ZIP		<del></del>
CITY-ST-ZIP	COLUMBUS, GA M99000000746					
NAME.	FLOURNOY TAX CREDIT INVESTMENT COMPANY II			DORESS		
STREET ADDRESS CITY-ST-ZIP	900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904			- ZIP		
DOCUMENT ≠ NAME	22			DORESS	U0000034	6718 N85-023 141.25
STREET ADDRESS CITY-ST-ZIP				-ZIP	<del>971 301 40 - 89</del>	<u> </u>
DOCUMENT #			STREET A	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	I 0			- ZIP	<del></del>	
DOCUMENT #	<u> </u>		STREET A	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	;			- ZIP		
DOCUMENT#			STREET A	ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	CIF			-219		The second secon
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						
SIGNAT	URE: SIGNATURE AND TYPED O	R BANTED NAME OF SIGNING GENER.	FF2EY IAL PARTNER	معرو <del>ک</del> .س	1500 4/14/05 Date	(706)324-4000 Daytime Phone #