

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 AM 8:35**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # A30788**

**1. Entity Name**  
**SANTE FE TOWNHOMES, A LIMITED PARTNERSHIP**



**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**

**DO NOT WRITE IN THIS SPACE**

01272006 No Chg-LP

CR2E003 (11/05)

**4. FEI Number**  
**58-1912886**

**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**

<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>FLOURNOY, JOHN F.</b>
<b>CITY - ST - ZIP</b>	<b>900 BROOKSTONE CEN. PKWY</b>
<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>M99000000746</b>
<b>CITY - ST - ZIP</b>	<b>FLOURNOY TAX CREDIT INVESTMENT COMPANY II</b>
<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>900 BROOKSTONE CENTRE PARKWAY</b>
<b>CITY - ST - ZIP</b>	<b>COLUMBUS, GA 31904</b>
<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDRESS CHANGES ONLY**

**STREET ADDRESS**

**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

**STREET ADDRESS**

**CITY - ST - ZIP**

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**STREET ADDRESS**

**CITY - ST - ZIP**

**100075019261**  
**05/22/06--01021--012 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

**MAR 28 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) 324-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #