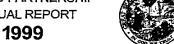
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

a. DOCUMENT# A30913

FILED SEGRETARY OF STATE DIVISION OF COEFFORATIONS

98 DEC 30 PH 1:56

KENSINGTON PLACE TOWNHOMES, A LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
900 BROOKSTONE CENTRE PARKWAY COLUMBUS GA 31904	900 BROOKSTONE CENTRE PAR COLUMBUS GA 31904	900 BROOKSTONE CENTRE PARKWAY COLUMBUS GA 31904		12/13/1990 3a, Date of Last Report 01/05/1998 4. State or Country of Formation	\$98.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		GA 6. FEI Number FQ-4000071		Applied For	
City & State	City & State	City & State		58-1922871 7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip 🗽 Country	Zip	Zip Country		Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information			
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301		Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code					
10a. Pursuant to the provisions of sections 620,1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Flor						
A GENERAL PARTNER THA				NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	ST BE REGISTERED AN	100.4	/E WII	City, State & Zip Code	11c.	Registration/	
FLOURNOY, JOHN F.		11a. (Do NOT Use Post Office Box Numbers)  900 BROOKSTONE PARKWA		COLUMBUS GA		Document Number	
FLOURNOY DEV. COMPANY	900 BROOKSTONE PAR	900 BROOKSTONE PARKWA		COLUMBUS GA		P04689	
		,		<b>400002</b> -01708 ****19	733: 790 33.75	3544 1002004 ****141.25	
Note: General partners MAY NO	T be changed on this form	n; an ame	endmei	nt must be filed to cha	nge a g	eneral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with the composition of the compliance with the compliance with the compliance with the compliance with the comp	h this filing is voluntarily furnished and does no	t qualify for the	exemption st	ated in Section 119.07(3)(k), Florida Sta	atutes, I relea:	e the Division of	

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.