


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # A30913 1. Entity Name KENSINGTON PLACE TOWNHOMES, A LIMITED PARTNERSHIP	
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Principal Place of Business 900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904	Mailing Address 900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-1922871	Applied For 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, if applicable) City FL Zip Code
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DO NOT WRITE
IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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	
DOCUMENT #	
NAME	FLOURNOY, JOHN F.
STREET ADDRESS	900 BROOKSTONE PARKWAY
CITY-ST-ZIP	COLUMBUS, GA
DOCUMENT #	M99000000746
NAME	FLOURNOY TAX CREDIT INVESTMENT COMPANY II
STREET ADDRESS	900 BROOKSTONE CENTRE PARKWAY
CITY-ST-ZIP	COLUMBUS, GA 31904
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
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000000738954
 05/14/07-80004-019 500.00

STAPLE CHECK HERE

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** 4/19/07 (706)243-9423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #