2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # A309	14				, , ,	
1. Entity Name COBBLESTONE PLACE TOWNHOMES, A LIMITED PARTNERSH					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					00 APR -4 AM 9: 48		
900 BROOKSTONE CENTRE PARKWAY COLUMBUS GA 31904		900 BROOKSTONE CENTRE PARKWAY COLUMBUS GA 31904-2987					
		/					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	58-1933292	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent	Ns	ame	7. Name and A	ddress of New Registered A	igent
CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)			
						-	
			Ci	ity		FL	Zip Code
9. Capital Co as Shown	NGA III	10. Amount of Cap in FLORIDA to	date.	ns		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION
	NOTE: General Partners M	AY NOT be changed on	the form; an	amendme	ent must be filed	to change a general par	iner.
12.	GENERAL PARTNE	R INFORMATION	13.	<u> </u>	<u>.</u>	ADDRESS CHANGES ON	<u>Y</u>
DOCUMENT # NAME STREET ADDRESS	FLOURNOY, JOHN F. 900 BROOKSTONE CEN. PKWY COLUMBUS GA P04689		STREET ADD				
CITY-ST-ZIP DOCUMENT#			STREET ADO	DRESS	3000031955930 -04/04/0001085012		
NAME Street Address City-St-Zip	FLOURNOY DEV. COMPANY 900 BROOKSTONE CEN. PKWY COLUMBUS GA			JP	****141 25 ****141 25		
DOCUMENT# NAME			STREET ADO	DRESS			
STREET ADDRESS CITY - ST - ZIP			спу-sт-z)P		<u>.</u>	
DOCUMENT# NAME STREET ADDRESS			STREET ADO				
CITY-ST-ZIP DOCUMENT #			CITY-ST-Z	IP	. <u>.</u>		
NAME STREET ADDRESS			STREET ADD	-			
CTTY-ST-ZIP DOCUMENT#			STREET ADI				
NAME STREET ADDRESS CITY - ST - ZIP			CITY-ST-Z				
## I bosoby a	pertify that the information supplied wi	th this filing does not qualify:	for the exemption	on stated in	Section 119,07(3)(i).	Florida Statutes, I further cer	tify that the information
indicated	on this report is true and accurate an ver or trustee empowered to execute t	d that my signature shall hav	e the same lea:	ai effect as i	f made under oath; ti	nat I am a General Partner of	the limited partnership or

MADED THOMAS D. KINNEY

SIGNATURE:

3/17/2000

(706) 324-4000

Daytime Phone #