


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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

DOCUMENT # A30914
1. Entity Name
COBBLESTONE PLACE TOWNHOMES, A LIMITED PARTNERSHIP



Principal Place of Business: **900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904**
Mailing Address: **900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number: **58-1933292** 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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$98.00**
10. Amount of Capital Contributions in FLORIDA to date.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FLOURNOY, JOHN F.	CITY-ST-ZIP	
STREET ADDRESS	900 BROOKSTONE CEN. PKWY		
CITY-ST-ZIP	COLUMBUS, GA		
DOCUMENT #	M99000000746	STREET ADDRESS	
NAME	FLOURNOY TAX CREDIT INVESTMENT COMPANY II	CITY-ST-ZIP	
STREET ADDRESS	900 BROOKSTONE CENTRE PARKWAY		
CITY-ST-ZIP	COLUMBUS, GA 31904		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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04/30/05-80083-019 141.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/13/05 (706) 324-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #