


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019441 MB

DOCUMENT # A30914

1. Entity Name
**COBBLESTONE PLACE TOWNHOMES, A LIMITED PARTNERSH
IP**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 2:20

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	3. Mailing Address



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 58-1933292	Applied For Not Applicable
Zip	Country	Zip	Country	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 is Not Acceptable) City FL Zip Code
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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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME FLOURNOY, JOHN F.	STREET ADDRESS	
	STREET ADDRESS 900 BROOKSTONE GEN. PKWY		
	CITY-ST-ZIP COLUMBUS GA		
DOCUMENT #	NAME M99000000746	STREET ADDRESS	
	STREET ADDRESS FLOURNOY TAX CREDIT INVESTMENT COMPANY II		
	CITY-ST-ZIP 900 BROOKSTONE CENTRE PARKWAY		
	COLUMBUS GA 31904		
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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)(i), 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: *Scott W. Gouped* **4/30/03** **(706) 324-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE