

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017980 AF

APPROVED  
AND  
FILED

01 APR 30 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A32219**  
1. Entity Name  
**OAK POINTE APARTMENTS, A LIMITED PARTNERSHIP**

Principal Place of Business P.O. BOX 6566 COLUMBUS GA 31995	Mailing Address P.O. BOX 6566 COLUMBUS GA 31995
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>58-1953560</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$98.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 STREET ADDRESS CITY - ST - ZIP	<b>FLOURNOY, JOHN F. 900 BROOKSTONE CENTRE COLUMBUS GA</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>M97000000043 FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC 900 BROOKSTONE CENTRE COLUMBUS GA</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	<b>600004221896--0 -05/17/01--01033--024 ****141.25 ****141.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Rodney J. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)