

2002 UNIFORM BUSINESS REPORT (UBR)

0018332 AB

DOCUMENT # **A32219**

1. Entity Name
OAK POINTE APARTMENTS, A LIMITED PARTNERSHIP

FILED

02 APR 29 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 6566
COLUMBUS GA 31995

Mailing Address
P.O. BOX 6566
COLUMBUS GA 31995



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number **58-1953560** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FLOURNOY, JOHN F.	STREET ADDRESS	
NAME	900 BROOKSTONE CENTRE	CITY-ST-ZIP	200005481772--9
STREET ADDRESS	COLUMBUS GA		-05/07/02--01076--020
CITY-ST-ZIP			****141.25 ****141.25
DOCUMENT #	M9700000043	STREET ADDRESS	
NAME	FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC	CITY-ST-ZIP	
STREET ADDRESS	900 BROOKSTONE CENTRE		
CITY-ST-ZIP	COLUMBUS GA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: *John F. Flournoy* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-22-02** Daytime Phone # **706-321-4000**