


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

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



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
58-1953560 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 CENTRE | | |
| CITY-ST-ZIP | COLUMBUS, GA | | |
| DOCUMENT # | M97000000043 | STREET ADDRESS | |
| NAME | FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 900 BROOKSTONE CENTRE | | U00000346645 |
| CITY-ST-ZIP | COLUMBUS, GA | | 04/30/05-80083-025 141.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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** 4/14/05 (706) 324-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #