


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



01272006 No Chg-LP CR2E003 (11/05)

4. FEI Number 58-1953560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box, Mailing Address, or A.C. address)
DO NOT WRITE IN THIS SPACE
 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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	FLOURNOY, JOHN F.
STREET ADDRESS	900 BROOKSTONE CENTRE
CITY-ST-ZIP	COLUMBUS, GA
DOCUMENT #	M9700000043
NAME	FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC
STREET ADDRESS	900 BROOKSTONE CENTRE
CITY-ST-ZIP	COLUMBUS, GA
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000487918
 04/14/06-80015-002 500.00

DO NOT WRITE IN THIS SPACE

MAR 28 2006

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 219, 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** 3/27/06 (706) 324-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date City/State/Phone #