

**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**



01272006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

Name

Street Address (P.O. Box, Suite, etc.)

City

**7. Name and Address of New Registered Agent**

**DO NOT WRITE**  
**IN THIS SPACE**

**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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

DATE

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

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**U00000487918**  
**04/14/06-80015-002 500.00**

**DO NOT WRITE**  
**IN THIS SPACE**

**MAR 28 2006**

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 3/27/06 (706) 324-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE