

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 08:00 A**  
**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**

**DO NOT WRITE IN THIS SPACE**

04192007 No Chg-LP

CR2E003 (12/06)

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 Number, if applicable)

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, 2007, 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**

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IN THIS SPACE**

**U000000738959**  
**05/14/07-80004-021 500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/19/07 (706) 243-9423**  
Date Daytime Phone #

STAPLE CHECK HERE