


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



04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-1953560	Applied For Not Applicable
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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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

**DO NOT WRITE IN THIS SPACE**

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

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**DO NOT WRITE IN THIS SPACE**

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 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 JEFFREY W. JOHNSON 4/19/07 (706)243-9423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE