

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A32220

1. Entity Name
TREE TRAIL 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



01272006 No Chg-LP CR2EC03 (11/05)

4. FEI Number
58-1953561

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 Not Accepted)

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 # **M97000000043**
NAME **FLOURNOY TAX CREDIT INVESTMENT COMPANY LLC**
STREET ADDRESS **900 BROOKSTONE CENTRE PARKWAY**
CITY-ST-ZIP **COLUMBUS, GA 31904**

DOCUMENT #
NAME **FLOURNOY, JOHN F**
STREET ADDRESS **900 BROOKSTONE CENTRE PARKWAY**
CITY-ST-ZIP **COLUMBUS, GA 31904**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**U000000487909
04/14/06-80015-001 500.00**

**DO NOT WRITE
IN THIS SPACE**

MAR 20 2006
JA

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/06 (706)324-4000
Date Daytime Phone #

STAPLE CHECK HERE