


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00
Secretary of State

DOCUMENT # A32220 1. Entity Name TREE TRAIL APARTMENTS, A LIMITED PARTNERSHIP	
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Principal Place of Business
P.O. BOX 6566
COLUMBUS, GA 31995

Mailing Address
P.O. BOX 6566
COLUMBUS, GA 31995



04192007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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 is not acceptable)

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 #	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
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	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U0000073896
05/14/07-8000

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 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

 **JEFFREY W. JOHNSON** 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

STAPLE CHECK HERE