

LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # A32220



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



03032008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1953561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

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

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STREET ADDRESS

CITY-ST-ZIP

U000000866548
04/08/08-80033-005 500.00

**DO NOT WRITE
IN THIS SPACE**

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

JEFFREY W. JOHNSON

Date

3/18/08

Daytime Phone #

706-243-9423

STAPLE CHECK HERE