


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A33313		
1. Entity Name COTTONDALE RENTAL HOUSING, L.P., A GEORGIA LIMITED PARTNERSHIP		

Principal Place of Business 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602	Mailing Address 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number
58-1924862

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

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

9. Capital Contributions as Shown on record. \$174,392.00

10. Amount of Capital Contributions in FLORIDA to date. \$174,392.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P33009 RURAL HOUSING PARTNERSHIPS, INC. ✓ 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BROWN, DAVID A. 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602	STREET ADDRESS	000000097865 03/15/04-80027-008 535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	REA, WILLIAM J., JR. 604 FLEMING ROAD CORDELE, GA	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David A. Brown 2/26/04 229-247-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE