
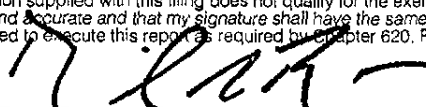


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33313</b> 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		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-1924862	
5. Certificate of Status Desired <input checked="" 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	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$174,392.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$174,392.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P33009		STREET ADDRESS		
NAME	RURAL HOUSING PARTNERSHIPS, INC.		CITY-ST-ZIP		
STREET ADDRESS	3548 NORTH CROSSING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA, GA 31602		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME	BROWN, DAVID A.		CITY-ST-ZIP		
STREET ADDRESS	3548 NORTH CROSSING CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA, GA 31602		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME	REA, WILLIAM J., JR.		CITY-ST-ZIP		
STREET ADDRESS	604 FLEMING ROAD		STREET ADDRESS		
CITY-ST-ZIP	CORDELE, GA		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 3/14/05 229-247-9956		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

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