

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 04, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-LP

CRZE003 (11/05)

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**

**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, 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 #

**P33009**

NAME

**RURAL HOUSING PARTNERSHIPS, INC.**

STREET ADDRESS

**3548 NORTH CROSSING CIRCLE**

CITY-ST-ZIP

**VALDOSTA, GA 31602**

DOCUMENT #

NAME

**BROWN, DAVID A.**

STREET ADDRESS

**3548 NORTH CROSSING CIRCLE**

CITY-ST-ZIP

**VALDOSTA, GA 31602**

DOCUMENT #

NAME

**REA, WILLIAM J., JR.**

STREET ADDRESS

**604 FLEMING ROAD**

CITY-ST-ZIP

**CORDELE, GA**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

000000491899  
04/19/06-80042-001 508.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**David A. Brown 3/28/06 229-247-9956**