


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # A33313 1. Entity Name COTTONDALE RENTAL HOUSING, L.P., A GEORGIA LIMITED PARTNERSHIP	
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Principal Place of Business
3548 NORTH CROSSING CIRCLE
VALDOSTA, GA 31602

Mailing Address
3548 NORTH CROSSING CIRCLE
VALDOSTA, GA 31602



07182007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1924862	Applied For Not Applicable
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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
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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	

000000773809
09/11/07-80007-020 508.75

**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 #

STAPLE CHECK HERE

David A. Brown 8/15/07 229-247-9956