


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33313</b> 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
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<b>DO NOT WRITE IN THIS SPACE</b>
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05202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 58-1924862	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P33009 RURAL HOUSING PARTNERSHIPS, INC. 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BROWN, DAVID A. 3548 NORTH CROSSING CIRCLE VALDOSTA, GA 31602
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	REA, WILLIAM J., JR. 604 FLEMING ROAD CORDELE, GA
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000551968 06/04/08-80050-003 508.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** David A Brown 5/20/08 229-247-9986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE