

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 033 ****50.00

DOCUMENT # M99000000746

1. Entity Name
**FLOURNOY TAX CREDIT INVESTMENT COMPANY II,
L.L.C.**



Principal Place of Business
**900 BROOKSTONE CENTRE PARKWAY
COLUMBUS, GA 31904**

Mailing Address
**900 BROOKSTONE CENTRE PARKWAY
COLUMBUS, GA 31904**

60049368



04192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2436443

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FLOURNOY TAX CREDIT INVESTMENT MANAGER, IN 900 BROOKSTONE CENTRE PARKWAY COLUMBUS, GA 31904
--	---

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JEFFREY W. JOHNSON 4/19/07 (706)243-9423