CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)								٠,		•	
DOCUMENT # A9600000118  1. Entity Name FL BOND CAPITAL HOLDINGS 96, LTD.							_	FILED 03 APR 18 PN 1:38			
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751			P.(	ailing Address D. BOX 4961 RLANDO FL 32802-4961			SECRELARIA OF STATE TALLARIASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State				City & State			4. FEI Numbe	r <b>59-3355569</b>		Applied For Not Applicable	
Zip	Country			Zíp	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Regist	tered Agent			7. Name and	Address of New Register	ed Agent		
B&C CORPORATE SERVICES OF CENT. FL, INC.						Name					
390 N. ORANGE AVE., SUITE 1100						Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801											
·						City	City FL Zip Code			ip Code	
	named entititions of regist		or the p	urpose of changing its	registere	ed office or regis	stered agent, or both	n, in the State of Florida. 1	am familia	ar with, and accept	
SIGNATURE	Signature, typed	or printed name of registered agen	t and title it	applicable.			<u></u>		TE		
9. Capital Contributions as Shown on record. \$50.00				10. Amount of Capit	outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
****	A			IS A BUSINESS EN	ITITY M			CTIVE WITH THIS OFF	ICE.		
12.	HOIL	GENERAL PARTNE			13.	, an amenan	lent mast se met	ADDRESS CHANGES			
DOCUMENT # NAME	FL BOND CAPITAL HOLDINGS 96 1551 SANDSPUR ROAD MAITLAND FL 32751			B, INC.		ET ADDRESS					
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DOCUMENT # NAME		STRUCTION, INC.				ET ADDRESS	<u> </u>				
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14. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), 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

| Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes | Capital Hospital Statutes |

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SIGNATURE:

CITY-ST-ZIP

Daytime Phone #