


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000121			
1. Entity Name TIFFANY PARK PARTNERS, LTD.			
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address C/O BROAD AND CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03292004 Chg-LP CR2E003 (10/03)	
		4. FEI Number 59-3355634	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVE., SUITE 1100 ORLANDO, FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$3,362,155.89		10. Amount of Capital Contributions in FLORIDA to date	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A96000000118	STREET ADDRESS	
NAME	FL BOND CAPITAL HOLDINGS 96, LTD.	CITY - ST - ZIP	
STREET ADDRESS	1551 SANDSPUR ROAD		
CITY - ST - ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <i>TRICIA DODDY, Vice President</i>		Date: <i>4/20/04</i> Daytime Phone #: <i>407-741-8560</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			



STAPLE CHECK HERE

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