2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
TRUCKA 2000DY, VICE PRES.

STAPLE CHECK, HERE

FILED Mar 14, 2005 08:00 AM Secretary of State

DOCUMENT # A9600000123 1. Entity Name CONROY HOUSING PARTNERS, LTD.					Secretary of State
Principal Place	e of Business	Mailing Address	Mailing Address		
1551 SANDS	PUR ROAD	C/O BROAD AND CASSEL			
MAITLAND, F	L 32751	P.O. BOX 4961 ORLANDO, FL 32802-4961			
URLANDU, FL 32802-49			1901		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			01102005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 59-3355576 Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVE., SUITE 1100					
				Street Address (I	PO Box Number is Not Acceptable)
	ORLANDO, FL 32801				
				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					
9. Capital Contributions as Shown on record. \$4,949,046.00 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 PARTNE		13.	/	ADDRESS CHANGES ONLY
DOCUMENT #	MENL# A9600000118			TT 4000Cee	
NAME	FL BOND CAPITAL HOLDINGS 96, LTD.		SIR	ET ADDRESS	
STREET AUDRESS			CITY	Y \$1 ZIP	
CITY - ST - ZIP					
90CUMENT ≠ NAME			STR	EET ADDRESS	
STREET ADDRESS			1		
CHY SI-ZIP			CITY	SI-ZIP	
DOCUMENT #			STRI	EET ADDRESS	000000262426 03/14/05-80054-006 526,25
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CITY ST-ZIP			CHY	-S1-ZIP	
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DOCUMENT # NAME			STRI	EET ADDRESS	
STREET ADDRESS					
CITY · ST · ZIP				SI ZIP	of the Art ONOVER. The state Chambers II all the control to the late.
14. I hereby certify that the information supplied with this filing 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					