## ELOP A DEPARTMENT OF STATE LIMIT D PARTN AIR LIMIT D PARTN AIR

Typed or Printed Name of General Partner Signing Form ALAN H. GINSBURG, PRESIDENT

DOCUMENT # A96000000651

ATLANTA HERRINGTON ROAD PARTNERS, LTD			DO NOT WRITE IN THIS SPACE.			
2. Mailing Address 2200 LUCIEN WAY	3. Principal Office Address 2200 LUCIEN WA	4. Date Formed or Registered To Do Business in Florida 04/04/96				
Suite Api Tetc 450	Suite, Apt. #, etc. SUITE 450		5. FEt Number Applied For			Applied For
City & State	City & State		59-3377160 Not Appl			Not Applicable
MAITLAND FL 32751	MAITLAND FL	32751	CERTIFICATE OF STATUS DESIRED SALE CONTROL OF STATUS DESIRED			
Zip Country	Zip Coun	try				
32751	32751		7. State or Country of Formation			
8a. Capital Contributions as Shown on Record 766, 283  8b. Amount of Capital Contributions in FLORIDA to dails:	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidevit must be submitted along with a separate and appropriate filing fee.					
P4, 166, 600			10			
9, Namé and Address of Current Registered Agent Name			10. If changed, new registered agent/office			
B & C CORPORATE SERVICES O		Street Address (P.O. Box Number is Not Acceptable)				
390 N. ORANGE AVENUE	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1100 ORLANDO, FL 32801		Suite, Apt. #, etc.				
ORIANDO, FL 32001		City	***************************************		FL Zip Cod	le
tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with and accept the obligations of section 820.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment):  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Names of General Partner(s)	Address of Each General (Do NOT Use Post Office Box		City, State and Zip Code	8	11a. Docum	pistration ent Number
BOND CAPITAL HOUSING PARTY	TER 2200 LUCIEN SUITE 450		AITLAND FL	32751	A9600000	1197
			6000	05/09/ ****104	73991 7-01137 ,25 ***	34 008 1041.25
REINSTATEMENT 91/						
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					·····	
Note: General partners MAY NOT/be changed on this form; an amendment must be filed to change a general partner.						
1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or frustee amprovered to execute this report as required by spater 620, Florida Statutes. BOND CAPITAL HOUSING PARTNER, LTD., GENERAL PARTNER  BY: BOND CAPITAL HOUSING PARTNER, INC., ITS GENERAL PARTNER						
SIGNATURE BY:			<del></del>	DATE	<u> </u>	

:R2E039 (1/97)

(407)660-1110