

2002 UNIFORM BUSINESS REPORT (UBR)

0000637 AV

DOCUMENT # A96000000651
1. Equity Name
 ATLANTA HERRINGTON ROAD PARTNERS, LTD.

FILED
 02 FEB 15 PM 1:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1551 SANDSPUR ROAD
 MAITLAND FL 32751

Mailing Address
 P.O. BOX 4961
 ORLANDO FL 32802-4961



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number 59-3377160
☐ Applied For
☐ Not Applicable

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 B&C CORPORATE SERVICES OF CENTRAL FLORIDA
 390 N. ORANGE AVENUE
 SUITE 1100
 ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,766,283.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

| | |
|----------------|-------------------------------------|
| DOCUMENT # | A96000001197 |
| NAME | BOND CAPITAL HOUSING PARTNERS, LTD. |
| STREET ADDRESS | 1551 SANDSPUR ROAD |
| CITY-ST-ZIP | MAITLAND FL 32751 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|-----------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 000004960760--9 |
| CITY-ST-ZIP | -02/20/02--01049--016 |
| STREET ADDRESS | ***526.25 ***526.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | BK |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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)(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

SIGNATURE: BOND CAPITAL HOUSING PARTNERS, LTD.
By: BOND CAPITAL HOUSING PARTNERS, INC., its general partner
SIGNATURE REQUIRED
2/13/02 407/741-8500
 Date Daytime Phone #

CR2E003 (9/01)