## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

TRICIA DODDY, Vice Precident

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

DOCUMENT # A9600000651  1. Entity Name ATLANTA HERRINGTON ROAD PARTNERS, LTD.							ictary or Sta
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961				edin salik endi kres likisn či isol
2. Principal P	lace of Business	3.	3. Mailing Address				
Suite, Apt.	#, etc		Suite. Apt #, etc.			03262004 Chg-LP C	:R2E003 (10/03)
City & State	e	<del>-   -</del> (	City & State			4. FEI Number	Applied For
Zıp	Country		Z <sub>1</sub> p	Country		59-3377160  5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Regis	tered Agent			7. Name and Address of New Regist	tered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVENUE SUITE 1100				Stre		(P.O. Box Number is Not Acceptable)	
ORLANDO, FL 32801				City			FL Zip Code
	ions of registered agent	ent for the p	urpose of changing it	ts registered offic	e or register	red agent, or both, in the State of Florida.	am familiar with, and accep
Signature: Typed or printed name of registered agent and bite 4 applicable							DATE
Capital Contributions as Shown on record \$4,766,283.00      10. Amount of Capital Comin FLORIDA to date.							
						TERED AND ACTIVE WITH THIS O nt must be filed to change a gener	
12.	GENERAL PAR			13.		ADDRESS CHANGE	
DOCUMENT # NAME STREET ADDRESS	BOND CAPITAL HOUSING PARTNERS, LTD			STREET ADDR	ss		
CITY ST ZIP	MAITLAND, FL 32751			CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS				STREET ADDRE	ss		
CITY SI ZIP	ZIP			CITY-ST-ZIP			
BOCUMENT # NAME	3			STREET ADDR	-55	W 19 BONE W C W	
STREET ADDRESS CITY-ST-ZIP				CITY - ST - ZIP			
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DOCUMENT # NAME STREET ADDRESS				STREET ADDR	iss		
CITY-ST ZIP				CITY ST ZIP			
DOCUMENT # NAME STREET ABDRESS				STREET ADDR	iss		
CHY ST-ZIP	portify that the information or an lie	od with this f	ling does not aviotif. (	CHY-SI-ZIP	stated in St	action 110 07/2Vi) Florido Statutos 15 de	her certify that the information
indicated the receiv	l on this report is true and accurative or trustee empowered to exec	e and that n u <u>te</u> this repo	ny signature shall hav ort <u>as</u> required by Cha	e the same legal apter 620, Florida	effect as if r Statutes		ther certify that the information there of the limited partnership
SIGNAT	URE:	PED OR PRINT	ED NAME OF SIGNING GENE	PAI PARTNER		TION Date	Baytime Flixing *