

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A96000000651</b> 1. Entity Name ATLANTA HERRINGTON ROAD PARTNERS, LTD.					
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		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3377160	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVENUE 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. \$4,766,283.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	A96000001197		STREET ADDRESS		
NAME	BOND CAPITAL HOUSING PARTNERS, LTD.		CITY - ST - ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD		CITY - ST - ZIP		
CITY - ST - ZIP	MAITLAND, FL 32751		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>BY: BOND CAPITAL HOUSING PARTNERS, LTD., General partner</i> <i>BY: BOND CAPITAL HOUSING PARTNERS, INC., its general partner</i> <b>TRICIA BOODY, VICE PRES.</b>			Date: <i>3/9/05</i> 407/741-8300 David's Phone #		



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3377160

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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

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SIGNATURE: *BY: BOND CAPITAL HOUSING PARTNERS, LTD., General partner*  
*BY: BOND CAPITAL HOUSING PARTNERS, INC., its general partner*  
**TRICIA BOODY, VICE PRES.**  
 Date: *3/9/05* 407/741-8300  
 David's Phone #