

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT -3 PM 4: 01



1. Name of Limited Partnership

1a. DOCUMENT #  
**A29928**

**FLORIDA HIGH YIELD TAX CREDIT PROPERTIES, LIMITED PARTNERSHIP**

Mailing Address

C/O THE RELATED COMPANIES, INC.  
625 MADISON AVE  
NEW YORK NY 1002

Principal Office Address

625 MADISON AVENUE  
NEW YORK NY 10022

3. Date Formed or Registered

04/16/1990

5a. Capital Contributions as Shown on record.

\$0.00

3a. Date of Last Report

10/11/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

13-3543279

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

560072913205-8  
-10/06/97--01164--012  
\*\*\*158.25 FL \*\*\*158.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

RELATED CREDIT PROPERTIES L.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

625 MADISON AVENUE

11b. City, State & Zip Code

NEW YORK NY

11c. Registration Document Number

A29972

*Handwritten signature and date*  
10-3

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Lynn G. McMahon*

DATE

4/22/97

Typed or Printed Name of General Partner Signing Form

Lynn McMahon

Daytime Telephone Number

212-412-5333

CR2E003 (6/97)