

FILED

Apr 20, 2004 08:00 AM
Secretary of State

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A29928

1. Entity Name
FLORIDA HIGH YIELD TAX CREDIT PROPERTIES,
LIMITED PARTNERSHIP



Principal Place of Business
C/O THE RELATED COMPANIES, L.P.
625 MADISON AVENUE
NEW YORK, NY 10022

Mailing Address
C/O THE RELATED COS. LP//ATN: L. BENJAMIN
625 MADISON AVENUE
NEW YORK, NY 10022



2. Principal Place of Business		3. Mailing Address		01262004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3543279	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A29972 RELATED CREDIT PROPERTIES L.P. 625 MADISON AVENUE NEW YORK, NY	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	U00000136166
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	04/29/04-80006-025 141.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

STAPLE CHECK HERE

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: Tom W. [Signature] TORESA NICZINSKI, SEC Date: 4/9/04 Daytime Phone #: 2124215352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER