

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -8 PM 1:39



1. Name of Limited Partnership	1a. DOCUMENT # B95000000192
INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP	

Mailing Address % THE RELATED COMPANES. L.P. 625 MADISON AVE. NEW YORK NY 10022	Principal Office Address 625 MADISON AVENUE NEW YORK NY 10022	3. Date Formed or Registered 05/30/1995	5a. Capital Contributions as Shown on record \$2,516,734.00
		3a. Date of Last Report 01/16/1996	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 13-3646846	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	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 SOUTH 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 FL Zip Code
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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 INDEPENDENCE ASSOCIA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 MADISON AVENUE	11b. City, State & Zip Code NEW YORK NY 10022	11c. Registration/Document Number B95000000191
700001972677--0 -10/14/96--01025--005 ****576.25 ****576.25			

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 Sect on 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 A. McMahon* DATE **10-2-96**
 Typed or Printed Name of General Partner Signing Form **Lynn McMahon, Secretary** Daytime Telephone Number **(212) 421-5333**

CR2E003 (6/96)