

B95000000192

Document Number Only

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

FILED
95 MAY 30 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\$1785.00 - F.P.
C/M

Independence Tax Credit Plus L.P. II
d/b/a

Independence Tax Credit Plus Limited Partnership II

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fict. Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name
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Updater
Verifier
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5/30/95
3:00

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700001503857
-06/01/95--01117--002
***1785.00 ***1785.00

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Independence Tax Credit Plus L.P. II

(Name of limited partnership as it is in the home state;

2. Independence Tax Credit Plus Limited Partnership II

(If name is unavailable, name under which the limited partnership proposes
transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. 2/11/92

(Date of Formation)

5.

C T CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6.

c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Margaret Bertosen
(Officer must sign on this line)

Margaret Bertosen - Asst. Secretary

(Type Name and Title of Officer)

8. c/o The Related Companies, L.P., 625 Madison Ave., New York, NY 10022

(Address of Registered Office required in State of Formation or, if not required, Address of
Principal Office.)

9. NAME OF GENERAL PARTNERS

Related Independence Associates, L.P.

SPECIFIC ADDRESS

625 Madison Avenue, NY, NY 10022

B95000003191

10. 625 Madison Avenue, New York, New York 10022

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and
capital contributions of the limited partner or limited partners until the limited partnership's
registration in Florida is cancelled or withdrawn.

12. c/o The Related Companies, L.P., 625 Madison Ave., NY, NY 10022

(Mailing Address of Limited Partnership)

This 26th day of April, 19 95
by Alan P. Hirmes, Senior V.P.
of Related Independent Services, Inc.

Alan P. Hirmes
General Partner
Alan P. Hirmes, Senior V.P.

FILED
95 MAY 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEW YORK
COUNTY OF NEW YORK

THE FOREGOING instrument was acknowledged and sworn to before me this 26th day
of April, 19 95, by Alan P. Hirmes, Senior V.P. (Name of General Partner) of
the g.p. of the g.p. of Independent Tax Credit Plans L.P. II
(Name of Limited Partnership), A Delaware (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

Erin L. Luti
Notary Public
State of _____ at Large

(SEAL) My Commission Expires:

ERIN L. LUTI
Notary Public, State of New York
No. 01SA5022549
Qualified in New York County
Commission Expires January 18, 19 96

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Alan P. Hirmes, Senior Vice President of the general partner of the general partner of Independence Tax Credit Plus L.P. II, a Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1.) The amount of capital contributions of the limited partners is \$ 52,922,000.00.
- 2.) The anticipated amount of the capital contributions of the limited partners that allocated for the purposes of transacting business in Florida is \$ 2,516,734.80.

This 24th day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner

Alan P. Hirmes
Alan P. Hirmes

State of New York
County of New York
May 24th, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Alan P. Hirmes, Senior Vice President of the general partner of the general partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of May, 1995.

Seal

Notary Public

Erin L. Saluti
Erin L. Saluti

ERIN L. SALUTI
Notary Public, State of New York
No. 01SA5022549
Qualified in New York County
Commission Expires January 18, 1996

FILED
95 MAY 30 PM 3:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 JAN 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000192

INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP

96-AR
CM

Mailing Address

THE RELATED COMPANIES, L.P.
625 MADISON AVE.
NEW YORK NY 10022

Principal Office Address

625 MADISON AVENUE
NEW YORK NY 10022

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA
05/30/1995

3a. Date of Last Report

4. State or Country of Formation

DE

5a. Capital Contributions as Shown
on Record:

\$2,518,734.00

5b. Amount of Capital Contributions in
FLORIDA to date.

6. FEI Number

13-3646846

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1280 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

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

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

000000000191

800001692378
-01/18/96--01101--012
******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 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

Sandra A. McMahon

DATE

9/28/95

Typed or Printed Name of General Partner Signing Form

Lynn McMahon, Secretary

Telephone Number

(212) 421-5333

CR2003 (6/95)