


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A25391</b>					
1. Entity Name GATEWAY TAX CREDIT FUND, LTD.					
Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			Mailing Address PO BOX 12749 ST. PETERSBURG, FL 33733-2749		
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 59-2852555				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOND JAMES TAX CREDIT FUNDS, INC. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent 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. \$50,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	J96725		STREET ADDRESS		
NAME	RAYMOND JAMES TAX CREDIT FUNDS, INC.		CITY - ST - ZIP		
STREET ADDRESS	880 CARILLON PKWY				
CITY - ST - ZIP	ST. PETERSBURG, FL				
DOCUMENT #	J96712		STREET ADDRESS	U000000160861	
NAME	RAYMOND JAMES PARTNERS, INC.		CITY - ST - ZIP	05/18/04 80003-013 526.25	
STREET ADDRESS	880 CARILLON PKWY				
CITY - ST - ZIP	ST. PETERSBURGH, FL				
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STREET ADDRESS					
CITY - ST - ZIP					
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: <i>Carol Georges</i>			Carol Georges, Vice President, RJTCF Inc. (727) 567-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE