


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

| | | | | | |
|---|--------------------------------------|---|--|--|--|
| DOCUMENT # A25391 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RAMOND JAMES TAX CREDIT FUNDS, INC. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| \$50,000,000.00 | | | | | |
| 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 | | |
| NAME | RAYMOND JAMES PARTNERS, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 880 CARILLON PKWY | | | | |
| CITY-ST-ZIP | ST. PETERSBURGH, FL | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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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)(f), 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: <u>Carol Georges</u> Carol Georges, Vice President, RJTCF Inc. 727-567-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2852555 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOND JAMES TAX CREDIT FUNDS, INC.
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

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 **\$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

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NAME RAYMOND JAMES TAX CREDIT FUNDS, INC.
STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP ST. PETERSBURG, FL

STREET ADDRESS
CITY-ST-ZIP
000000365520
05/11/05 00005 001 528.25

DOCUMENT # J96712
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STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP ST. PETERSBURGH, FL

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SIGNATURE: Carol Georges 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