

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 10, 2008 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**



02262008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

11000000290556  
04/22/08-80100-012 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # **J96725**  
NAME **RAYMOND JAMES TAX CREDIT FUNDS, INC.**  
STREET ADDRESS **880 CARILLON PKWY**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

DOCUMENT # **J96712**  
NAME **RAYMOND JAMES PARTNERS, INC.**  
STREET ADDRESS **880 CARILLON PKWY**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**3-24-08**

Date

**727-567-1684**

Daytime Phone #