

2000 UNIFORM BUSINESS REPORT (UBR)

00143763 NY

DOCUMENT # A28882

1. Entity Name
GATEWAY TAX CREDIT FUND II LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:42



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 12749 ST. PETERSBURG FL 33733-2749	Mailing Address P.O. BOX 12749 ST. PETERSBURG FL 33733-2749
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 65-0142704	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$40,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY - ST - ZIP	J96725 RAYMOND JAMES TAX CREDIT FUNDS, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J96712 RAYMOND JAMES PARTNERS 880 CARILLON PARKWAY ST. PETERSBURG FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000003136280--9
CITY - ST - ZIP	-02/15/00--01103--017 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: **REQUIRED**
Raymond James Tax Credit Funds, Inc.

2/3/00
Date

727-573-3800
Daytime Phone #

CR2E003 (9/99)