

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A28882

1. Entity Name

Gateway Tax Credit Fund II LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 PM 12:46

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

880 Carillon Parkway

3. Mailing Address

PO Box 12749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

65-0142704

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33733-2749

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Raymond James Tax Credit Funds, Inc.

Street Address (P.O. Box Number is Not Acceptable)

880 Carillon Parkway

City

St. Petersburg

FL

Zip Code

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.

SIGNATURE

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

DATE

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 #

J96725

NAME

Raymond James Tax Credit Funds, Inc.

STREET ADDRESS

880 Carillon Pkwy  
St. Petersburg, FL 33716

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

J96712

NAME

Raymond James Partners

STREET ADDRESS

880 Carillon Pkwy  
St. Petersburg, FL 33716

CITY-ST-ZIP

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DOCUMENT #

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice

Carol Georges, President, RJTCF, Inc.

Date

Daytime Phone #

4/26/02

(727) 573-3800

STAPLE CHECK HERE

CR2E003B (12/01)