


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

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


DOCUMENT # A28882
1. Entity Name
GATEWAY TAX CREDIT FUND II 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 Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State
Zip Country


 04232004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0142704
Applied For: Not Applicable
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. 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: \$40,000,000.00
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 PARKWAY		
CITY-ST-ZIP	ST. PETERSBURG, FL		
DOCUMENT #	J96712	STREET ADDRESS	
NAME	RAYMOND JAMES PARTNERS	CITY-ST-ZIP	11000001608E2 05/13/04-80003-014 526.25
STREET ADDRESS	880 CARILLON PARKWAY		
CITY-ST-ZIP	ST. PETERSBURG, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Carol Georges Carol Georges, Vice President, RJTCE, Inc. (727) 567-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #