


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

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

<b>DOCUMENT # A28882</b> 1. Entity Name <b>GATEWAY TAX CREDIT FUND II LTD.</b>					
Principal Place of Business <b>880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>			Mailing Address <b>PO BOX 12749          ST. PETERSBURG, FL 33733-2749</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04222005 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>65-0142704</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAYMOND JAMES TAX CREDIT FUNDS, INC.          880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 file if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$40,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
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		
STREET ADDRESS	880 CARILLON PARKWAY				
CITY-ST-ZIP	ST. PETERSBURG, FL				
DOCUMENT #			STREET ADDRESS		
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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.					
<b>SIGNATURE:</b> <i>Carol Georges</i> <b>Carol Georges, Vice President, RJTCE Inc 727-567-1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



STAPLE CHECK HERE