

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

**FILED**  
**Apr 10, 2008 08:00 A**  
**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**



02262008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0142704</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAYMOND 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.

**000000890560**  
**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 PARKWAY**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33716**

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

DOCUMENT #  
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 CITY-ST-ZIP

**DO NOT WRITE**  
**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**

**727-567-1684**

Date

Daytime Phone #