

2003 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
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**

**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 #
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

**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 #