

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29928**

1. Entity Name

FLORIDA HIGH YIELD TAX CREDIT PROPERTIES, LIMITE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9: 09



DO NOT WRITE IN THIS SPACE

Principal Place of Business
625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address
C/O THE RELATED COMPANIES, INC.
625 MADISON AVE
NEW YORK NY 10022-1801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3543279**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$0.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A29972**
NAME **RELATED CREDIT PROPERTIES L.P.**
STREET ADDRESS **625 MADISON AVENUE**
CITY - ST - ZIP **NEW YORK NY**

STREET ADDRESS
CITY - ST - ZIP *mf 3/14/00*

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP **300003169823--3
-03/14/00--01117--019
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

2/24/00 **Date** *212 421 5332* **Daytime Phone #**

CR2E003 (9/99)