LIMITED **PARTNERSHIP** REINSTATEMENT

FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT#**

1. Name of Limited Partnership

Florida High Yield Tax Credit Properties, L.P.

FILED 01 DEC -3 PM 5: 45 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

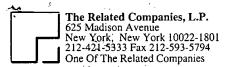
2. Principal Office Address /o The Related Companies, LP		3. Mailing Office Address			4. Date Formed or Registered			
		Ms. Lesley Benjamin		To Do Business in Florida 4/16/1990			ı	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			133543279 Not Appl		Applied For	1
625 Madison Avenue, Legal		c.o The Related Companies,		, LI			Not Applicable	1
City & State		City & State			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
NY, NY	,	625 Madison Avenue, NY,NY						
Zip	Country	Zip Country		78a Capital Contributions as shown on Record: 0.00				
10022	USA	10022	US		7b. Amount of Capital Contributions in FLORIDA to date:		tate:	1
8. Name and Address of Current Registered Agent					0.00			
Name					FEE	S:		ı
_Corporation Service Company					Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52,50 and a maximum of \$437.50,			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					for <u>each year due</u> this office.  2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
Suite, Apt. #, Etc.								
					Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental afficavit must be submitted along with a separate and appropriate filing fee.			
City State Zip Code Tallahassee FL 32301								
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partnership its registered approach partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered under the laws of the State of Florida. Such change was authorized by its general partnership or registered under the laws of the State of Florida. Such change was authorized by its general partnership or registered under the laws of the State of Florida. Such change was authorized by its general partnership or registered under the laws of the State of Florida Statutes.  Laura R. Dunllap Laura								
A GENERAL					TNERSHIP OR OTHER ITH THIS OFFICE.	BUSINES	S ENTITY	
10. Name(s) of General Partner(s) Address of Each General Partner (Do NOT Use Post Office Box Numbers)							Registration cument Number	
Related Credi	t Properties, L.	E 625 Madison A	Avenue	NY,	NY 10022 90004 -12/11 ****1	A29972 <b>718</b> 70101 41.25	779 059002 ****141.2	10 B

11. Ido hereby certify that the information supplied with his filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indication indication indication in this annual report is true and accurate and that my signature shall have the same legal effects as if made under earth. I further certify that I am a General Partner of the limited partnership, received in the properties of the properties SIGNATURE Land 

Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.

yped or Printed Name of General Partner Signing Form

Alan P. Hirmes, Vice President



A29928

November 6<sup>th</sup>, 2001

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Siricerely/yours,

Lesley Benjamin, Esq.