

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
 WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 APR -9 PM 3: 26



1. Name of Limited Partnership RELATED TAX CREDIT PROPERTIES LIMITED PARTNERSHIP		1a. DOCUMENT # A29972	
Mailing Address C/O THE RELATED COMPANIES, INC. 625 MADISON AVENUE NEW YORK NY 10022	Principal Office Address C/O THE RELATED COMPANIES, INC. 625 MADISON AVENUE NEW YORK NY 10022	3. Date Formed or Registered 04/25/1990	5a. Capital Contributions as Shown on record \$0.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/13/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DC	
City & State	City & State	6. FEI Number 13-3422799	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to Dept of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. 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 partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RELATED CREDIT PROPERTIES, I	C/O 625 MADISON AVE.	NEW YORK NY	P28923
	<i>MK</i> <i>4/9/99</i>		000002840940-7 -04/15/99--01113--005 ****141.25 ****141.25

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE *Lynn A. McMahon* DATE *4/21/99*
 Typed or Printed Name of General Partner Signing Form *Lynn McMahon, Sec* Daytime Telephone Number *212-421-5333*

CR2E003 (8/98)