

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
01 DEC -3 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<p><b>LIMITED PARTNERSHIP REINSTATEMENT</b></p> <p>FLORIDA DEPARTMENT OF STATE Katherine B. Cantelmo Secretary of State DIVISION OF CORPORATIONS</p> <p><b>A29972</b></p>			
<p><b>DOCUMENT # A29972</b></p> <p>1. Name of Limited Partnership Related Tax Credit Properties Limited Partnership <i>9/28/01</i></p>			
<p>2. Principal Office Address c/o The Related Companies, LI Suite, Apt. #, etc. 625 Madison Avenue, 5th Fl City &amp; State NY, NY Zip 10022</p>		<p>3. Mailing Office Address Attn: Lesley Benjamin Suite, Apt. #, etc. c/o The Related Companies City &amp; State 625 Madison Ave, NY, NY Zip 10022</p>	
<p>4. Date Formed or Registered To Do Business in Florida 05/02/1995</p>		<p>5. FEI Number 13-3751285</p>	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>7a. Capital Contributions as shown on Record: <i>0.00</i></p> <p>7b. Amount of Capital Contributions in FLORIDA to date: <i>0.00</i></p>	
<p><b>8. Name and Address of Current Registered Agent</b></p> <p>Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301</p>			
<p><b>9. 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 the limited partnership and I, as the registered agent, am familiar with, and accept the obligations of section 620.192, Florida Statutes.</b></p> <p>SIGNATURE (Registered Agent Accepting Appointment) <i>Judith S. Blancett</i> DATE 11/20/01 <b>Judith S. Blancett as its agent</b></p>			
<p><b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b></p>			
<p>10. Name(s) of General Partner(s) Related Credit Properties Inc</p>		<p>10a. Registration Document Number P28923</p>	
<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 Madison Avenue</p>		<p>City, State and Zip Code NY, NY 10022</p>	
<p><b>REINSTATEMENT 2001</b> <i>(BN)</i></p> <p><b>BK</b> 900004703229-8</p>			
<p><b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b></p>			
<p>11. 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)(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 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.</p> <p>SIGNATURE <i>[Signature]</i> DATE 11/20/01 Typed or Printed Name of General Partner Signing Form _____ Telephone Number 212 421-5333</p>			

CR2E09 (9/00)



# A29972

ACCOUNT NO. : 072100000032  
 REFERENCE : 347950 4321791  
 AUTHORIZATION : *Patricia Pizit*  
 COST LIMIT : \$ 641.25

FILED  
 01 DEC -3 PM 5:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

ORDER DATE : November 7, 2001  
 ORDER TIME : 2:45 PM  
 ORDER NO. : 347950-135  
 CUSTOMER NO: 4321791  
 CUSTOMER: Ms. Lesley V. Benjamin  
 The Related Companies, Inc.  
 625 Madison Avenue, 9th Floor  
 New York, NY 10022

RECEIVED  
 01 DEC -3 PM 4:00  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: RELATED TAX CREDIT PROPERTIES  
 LIMITED PARTNERSHIP

BK 1

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133  
 EXAMINER'S INITIALS \_\_\_\_\_

*File + 15*

