



**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A29972					FILED		
1. Entity Name RELATED TAX CREDIT PROPERTIES LIMITED PARTNERSHIP						04 APR 20 AM 9:17	
Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O THE RELATED COS. LP//ATN: L. BENJAMIN 625 MADISON AVENUE NEW YORK, NY 10022		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01232004 Chg-LP CR2E003 (10/03)	
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 13-3422799			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.				
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 #	P28923		STREET ADDRESS				
NAME	RELATED CREDIT PROPERTIES, INC.		CITY-ST-ZIP				
STREET ADDRESS	625 MADISON AVENUE		STREET ADDRESS	688836901676 05/12/04--01013--015 **2288.75			
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Tomasz Wicewinski, SGC</i>			4/9/04		212 4215332		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>		

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