

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A29972



1. Entity Name  
 RELATED TAX CREDIT PROPERTIES LIMITED  
 PARTNERSHIP

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 13-3422799

Applied For  
 Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # MD4000001486  
 NAME CREDIT PROPERTIES GP LLC  
 STREET ADDRESS 625 MADISON AVENUE  
 CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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 05/11/05-80010-005 141.25

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STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HERE

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:

*Tom W. Lehman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-05

Date

212-521-6310

Daytime Phone #