

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 APR -3 AM 9: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A29972

1. Name of Limited Partnership

RELATED CREDIT PROPERTIES L.P.  
(RELATED TAX CREDIT PROPERTIES LIMITED PARTNERSHIP)

2. Principal Office Address - No P.O. Box #  
625 Madison Avenue, 5th Floor

3. Mailing Office Address  
625 Madison Avenue, 5th Floor

CR2E038 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
New York, NY

City & State  
New York, NY

Zip  
10022

Country  
USA

Zip  
10022

Country  
USA

4. Date Formed or Registered  
To Do Business in Florida April 25, 1990

5. FEI Number  
13-3422799

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$5.75 Additional Fee required for a Certificate of Status

B. Name and Address of Current Registered Agent

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation,

State  
FL

Zip Code  
33324

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$85.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

8. Pursuant to the provisions of section 120.1810 or 820.1809, Florida Statutes, I hereby accept the appointment of registered agent and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

*Car. CONNIE BRYANT*

DATE 4/3/08

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
CREDIT PROPERTIES GP LLC	625 Madison Ave., 5th Floor	New York, NY 10022	A29972

REINSTATEMENT 07-08

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 effect 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 180, Florida Statutes.

SIGNATURE

*Andrew J. Weil*

DATE

March 25, 2008

Typed or Printed Name of General Partner Signing Form

Andrew J. Weil, CEO

Telephone Number

(212) 317-5700

2008 APR -3 AM 9: 05

Florida Department of State  
Division of Corporations  
Public Access System

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LP/LLP REINSTATEMENT**

**RELATED TAX CREDIT PROPERTIES LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,000.00

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TALLAHASSEE, FLORIDA

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