2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE

SIGNATURE:

DOCUMENT # A29972 1. Entity Name RELATED TAX CREDIT PROPERTIES LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address C/O THE RELATED COMPANIES, L.P. C/O THE RELATED COS. LP//ATN: L. BENIAMIN **625 MADISON AVENUE 625 MADISON AVENUE** NEW YORK, NY 10022 NEW YORK, NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 Applied For City & State City & State 4. FEI Number 13-3422799 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 repitated agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT OF STATE 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. \$0.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # CR2E003 (10/02) STREET ADDRESS NAME RELATED CREDIT PROPERTIES, INC. 625 MADISON AVENUE STREET ADDRESS CITY - 57 - ZIP NEW YORK, NY 10022 CITY -ST-ZIP 500017635775 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-21P DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY -ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST - 21P CITY -ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY -ST-ZIP 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

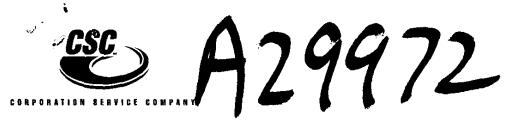
Teresa Wicelinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

Daytime Phone #

Date





ACCOUNT NO. : 07210000032

REFERENCE :

075874

4321791

AUTHORIZATION

COST LIMIT

ORDER DATE: April 30, 2003

ORDER TIME : 2:37 PM

ORDER NO. : 075874-065

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher

The Related Companies, Inc.

9th Floor

625 Madison Avenue New York, NY 10022

ANNUAL REPORT FILING

NAME:

RELATED TAX CREDIT PROPERTIES

LIMITED PARTNERSHIP

XX __ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: