

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED
03 APR 30 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1 2003

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
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	P28923
NAME	RELATED CREDIT PROPERTIES, INC.
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500017635775
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Teresa Wicelinski* **Teresa Wicelinski** **4/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

CSC

CORPORATION SERVICE COMPANY

A29972

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ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 141.25

03 APR 30 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

03 APR 30 PM 3:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

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: _____

BJK