


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -3 PM 12:42	
1. Name of Limited Partnership		1a. DOCUMENT # A93000001426			
GATEWAY INSTITUTIONAL TAX CREDIT FUND LTD.					
Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		Principal Office Address 880 CARILLON PARKWAY ST. PETERSBURG FL 33716		3. Date Formed or Registered 12/27/1993	
				3a. Date of Last Report 12/05/1997	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$25,000,000.00	
City & State		City & State		5b. Amount of Capital Contributions in FLORIDA to date: \$25,000,000.00	
Zip Country		Zip Country		6. FEI Number 59-3216295 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent RAYMOND JAMES TAX CREDIT FUNDS, INC. 880 CARILLON PARKWAY ST. PETERSBURG FL 33716				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
RAYMOND JAMES PARTNERS, INC.		880 CARILLON PARKWAY		ST. PETERSBURG FL 337	
RJ CREDIT PARTNERS, INC.		880 CARILLON PARKWAY		ST. PETERSBURG FL 337	
				11c. Registration/ Document Number J96712 J96725	
8000002707308--1 -12/09/98--01063--014 ****526.25 ****526.25					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effects 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 620, Florida Statutes.					
SIGNATURE _____ DATE 11/19/98					
Typed or Printed Name of General Partner Signing Form Ronald M. Diner, President Daytime Telephone Number 813-573-3800					
Raymond James Tax Credit Funds, Inc., Managing General Partner					

CR2E003 (8/98)