FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



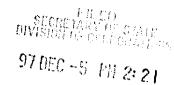
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000001109





AIEWAT TAX ONEDIT TART	IVERO, ETD.						
				(2015/8	-4:: va		
alling Address	Principal Office Address			Date Formed or Registered	5a. Capital Contributions as Shown on record.		
.O. BOX 12749	880 CARILLON PARKWAY	880 CARILLON PARKWAY		08/12/1994		\$266,500.00	
T. PETERSBURG FL 33733-2749	ST. PETERSBURG FL 33716		38. Date of Last Report				
				01/08/1997	5b. Amour Contri	nt of Capital butions in FLORIDA	
2. Malling Address	2a. Principal Office Address			State or Country of Formation	\$266,500.00		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		<u>-</u>	FL 6. FEI Number			
				59-3264973	Applied For Not Applicable \$8.75 Additional		
City & State	City & State		- - - - - - - - - -	Certificate of Status Desired			
Zip Country	Zip Country			R. Make check payable to: Dopt. of State (See reverse side for fee informate)			
9. Name and Address of Current Registered Agent			10. If changed, new Rogistored Agent/Office				
RAYMOND JAMES TAX CREDIT FUNDS, INC. 880 CARILLON PARKWAY		Name Street Address (P.O. Box Number Is Not Acceptable)					
							ST. PETERSBURG FL 33716
	City			FL Zip Code		Zip Code	
10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office of agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment)	r registered agent, or both, in the State of Flo ns of section 620 192, Florida Statutes.	rida. Such sha	nge was author	ized by its general partner(s). I had	eby accept the	appointment of registers	
A GENERAL PARTNER THAT	TIS A CORPORATION, I BT BE REGISTERED AN	ID ACTIV	VE WITH	IERSHIP OR OTHE I THIS OFFICE.	K BUSII	NE99 ENTIT	
11. Name(s) of Gonoral Pariner(s)	11a. Address of Each General (Do NO1 Use Post Office Br	al Partner	11b.	City, State & 7ip Code	11c.	Registration/ Document Number	
RAYMOND JAMES TAX CREDIT FUN	880 CARILLON PARKWAY		ST. PETERSBURG FL 337		J96725		
				600002: -12/10 ****\$	36 87 /8701 41.25	*OB8 108002 ****\$41.25	
Note: General partners MAY NO	T be changed on this form	n; an am	endmen	t must be filed to ch	ange a ge	eneral partner	

SIGNATURE *Q*

the hereby certify that the information supplied with this filing is withtarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Conjugations from any liability of non-compliance with Section 116.07(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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form

empowered to execute this report as required by chanter 620. Prida Statutes.

Ronald M. Diner.

Daytime Telephone Number

813-573-3800