

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001109

1. Entity Name
GATEWAY TAX CREDIT PARTNERS, LTD.



Principal Place of Business
**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

Mailing Address
**P.O. BOX 12749
ST. PETERSBURG, FL 33733-2749**



07052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3264973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAYMOND JAMES TAX CREDIT FUNDS, INC.
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **J96725**
NAME **RAYMOND JAMES TAX CREDIT FUNDS, INC.**
STREET ADDRESS **880 CARILLON PARKWAY**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33716**

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07/18/06-80002-007 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Carol Georges* **Carol Georges**

RJTCF, Inc.

727-567-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE