


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FLORIDA TAX CREDIT FUND, LTD.		1a. DOCUMENT # A95000000467	
Mailing Address 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621		Principal Office Address 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621	
2. Mailing Address 7795 Cooper Rd Suite, Apt. #, etc.		2a. Principal Office Address 7795 Cooper Rd Suite, Apt. #, etc.	
City & State Cincinnati Ohio		City & State Cincinnati Ohio	
Zip 45242		Zip 45242	
Country		Country	
3. Date Formed or Registered 03/23/1995		5a. Capital Contributions as Shown on record. \$99.00	
3a. Date of Last Report 12/22/1995		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3318699	
7. Certificate of Status Desired <input checked="" 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 MCGRATH, GREGORY K 28050 US 19 NORTH SUITE 301 CLEARWATER FL 34621		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	11c. Registration/Document Number
BARON CAPITAL VI, INC.	28050 US 19 NORTH, ST	CLEARWATER FL 34621	P95000022927
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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

CH2E003 (6/96)