
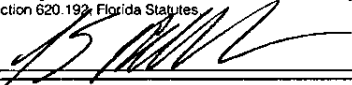
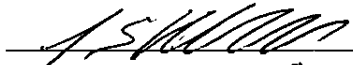


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A95000000467			
1. Name of Limited Partnership Florida Tax Credit Fund LTD			
2. Principal Office Address Sigma Renaissance		3. Mailing Office Address 5312 Spring Hill Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State	
Zip 34606	Country USA	Zip	Country
8. Name and Address of Current Registered Agent			
Name Jerome S. Rydell			
Street Address (P.O. Box Number is Not Acceptable) 5312 Spring Hill Drive			
Suite, Apt. #, Etc.			
City Spring Hill		State FL	Zip Code 34606
9. 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 1-12-04	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Baron Capital VI	5312 Spring Hill Drive	Spring Hill, FL 34606	P95000022927
REINSTATEMENT 2003-2004		100027247131 01/20/04--01005--025 **\$500.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 2-4-04	
Typed or Printed Name of General Partner Signing Form Jerome S Rydell		Telephone Number 352 688-8815	

CR2E039 (10/02)

A95000000467

SIGMA RENAISSANCE
5312 SPRING HILL DRIVE
SPRING HILL, FL 34606

(2)

Florida Department of State
Division of Corporation
PO Box 6237
Tallahassee, FL 32314

RE: Florida Tax Credit Fund LTD
A95000000467

Attn: Buck Kohr

BK

Dear Mr. Kohr:

Please be advised that an annual report was never received for the year 2003 on the above corporation.

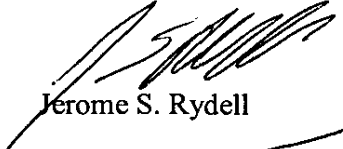
I have recently sent a check in the amount of \$508.75 it is my understanding that since we did not receive the 2003 annual report. The partnership penalty fee will be waved.

I am requesting a refund of the \$218.00. The fees that apply are \$141.00 for each year (2003 & 2004). I am also requesting the certificate of status

Please find enclosed the application for reinstatement.

If you should have any questions, please contact me directly at (352) 688-8815

Sincerely,


Jerome S. Rydell

217.50
overpayment