

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104019

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** RJ HOF 8-MIDTOWN LOFTS L.L.C.

**Current Principal Place of Business:**

880 CARILLON PARKWAY DEPARTMENT 05485  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

880 CARILLON PARKWAY - DEPT. 05485  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

880 CARILLON PARKWAY DEPARTMENT 05485  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

880 CARILLON PARKWAY - DEPT. 05485  
ST. PETERSBURG, FL 33716

FEI Number: 27-1417170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYMOND JAMES TAX CREDIT FUNDS, INC.  
880 CARILLON PARKWAY DEPARTMENT 05485  
ST. PETERSBURG, FL 33716 US

**Name and Address of New Registered Agent:**

RAYMOND JAMES TAX CREDIT FUNDS, INC.  
880 CARILLON PARKWAY - DEPT. 05485  
ST. PETERSBURG, FL 33716 US

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.

SIGNATURE:

02/16/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAYMOND JAMES HOUSING OPPORTUNITIES FUND 8  
Address: 880 CARILLON PARKWAY - DEPT. 05485  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAROL GEORGES

VP

02/16/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date