

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041087

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** RAYMOND JAMES TAX CREDIT FUND 36 L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-2381993      **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  
DEPT. 05485  
ST. PETERSBURG, FL 33716 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RJTCF-36 L.L.C.  
**Address:** 880 CARILLON PARKWAY, DEPT. 05485  
**City-St-Zip:** ST. PETERSBURG, FL 33716 US

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: WILLIAM K. BUDD

AGT

02/29/2012

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