

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123599

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** RAYMOND JAMES TAX CREDIT FUND 37 L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 27-4131369

**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  
SAINT 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:

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

01/31/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RJTCF-37 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: RJTCF-37 LLC

MGRM

01/31/2011

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