

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000125649

**Entity Name:** RJPOF MT ZP WILLOWBROOK II L.L.C.

**Current Principal Place of Business:**

880 CARILLON PARKWAY  
DEPT. 05485  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

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

**FEI Number:** 83-0732428

**Certificate of Status Desired:** No

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MEMBER
Name	RAYMOND JAMES MULTIFAMILY FINANCE, INC.	Name	RAYMOND JAMES PRESERVATION OPPORTUNITIES FUND II L.L.C.
Address	880 CARILLON PARKWAY DEPT. 05485	Address	880 CARILLON PARKWAY, DEPT. 05485
City-State-Zip:	SAINT PETERSBURG FL 33716	City-State-Zip:	SAINT PETERSBURG FL 33716

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAYMOND JAMES PRESERVATION  
OPPORTUNITIES FUND II L.L.C

MEMBER

04/01/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date