

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000274202

Entity Name: RJPOF VII 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: 83-2827275

Certificate of Status Desired: No

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

RAYMOND JAMES TAX CREDIT FUNDS, INC.  
880 CARILLON PARKWAY  
DEPT. 05485  
SAINT 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 & MEMBER  
Name: RAYMOND JAMES MULTIFAMILY FINANCE, INC.  
Address: 880 CARILLON PARKWAY DEPT. 05485  
City-State-Zip: SAINT PETERSBURG FL 33716

Title: ENTITY MANAGER  
Name: JUSTIN, MAYOR,  
Address: 880 CARILLON PARKWAY DEPT. 05485  
City-State-Zip: SAINT PETERSBURG FL 33716

Title: SECRETARY  
Name: ELIZABETH, MAZIAD J.  
Address: 880 CARILLON PARKWAY DEPT. 05485  
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: ELIZABETH J. MAZIAD

SECRETARY

03/03/2023

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