

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000137358

Entity Name: RAYMOND JAMES HOUSING OPPORTUNITIES FUND 65 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:** 84-1994946**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	ENTITY MANAGER
Name	YOUNG, LINDA
Address	880 CARILLON PARKWAY DEPT. 05485
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	MANAGER & MEMBER
Name	RJHOF-65 L.L.C.
Address	880 CARILLON PARKWAY DEPT. 05485
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	AUTHORIZED ASSOCIATE
Name	CARGO, RICHARD L.
Address	880 CARILLON PARKWAY DEPT. 05485
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	SIGNOR
Name	MAZIAD, ELIZABETH 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**SIGNOR****04/18/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date