

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000050552

**Entity Name:** RJPOF MT SHADOW MOUNTAIN 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:** 86-2211374

**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  
Name           RAYMOND JAMES MULTIFAMILY  
                  FINANCE, INC.  
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:** RAYMOND JAMES MULTIFAMILY FINANCE, INC.

**MANAGER**

**03/29/2024**

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

\_\_\_\_\_  
Date