2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000026565

1. Entity Name RMJP CHATEAU, LLC



Principal Place of Business

901 ARTIS ROAD PLYMOUTH MEETING, PA 19462 Mailing Address

901 ARTIS ROAD

PLYMOUTH MEETING, PA 19462

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90148 018 ****55.00

SAASSAAS



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 23-2206405

Applied For Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

LEMUS, MARTHA 10409 NORTH FLORIDA AVENUE TAMPA, FL 33612

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8.	. 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.	I am familiar with, and accept
	the obligations of registered agent.	
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SI	IGNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9.	MAINAGING MEMBERS/MAINAGERS
TITLE	MGRM
NAME	KATZ, PAULA M MGMR
STREET ADDRESS	901 ARTIS ROAD
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	MGR
NAME	RAPOPORT, JEFFREY
STREET ADDRESS	458 N. APPLETREE LANE
CITY-ST-ZIP	LAFAYETTE HILL, PA 19444
TITLE	MGR
NAME	RAPOPORT, MITCHELL
STREET ADDRESS	1002 VALLEY GLEN ROAD
CITY-ST-ZIP	ELKINS PARK, PA 19027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE