

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

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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

20050500



03292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2206405

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMUS, MARTHA
10409 NORTH FLORIDA AVENUE
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KATZ, PAULA M MGMR
901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAPOPORT, JEFFREY
458 N. APPLETREE LANE
LAFAYETTE HILL, PA 19444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAPOPORT, MITCHELL
1002 VALLEY GLEN ROAD
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

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Paula Katz

4/17/06

610 220 8806