

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90131 009 \*\*\*138.75

**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

00021742



04032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5072067

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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 :

**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:**

*Paula Katz*

Paula Katz

4/7/08

215 426 1605

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

Date

Daytime Phone #