

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-26-2006 90148 011 \*\*\*\*55.00

**DOCUMENT # L03000025372**

**1. Entity Name**  
**RMJP LLC**



**Principal Place of Business**  
**901 ARTIS ROAD**  
**PLYMOUTH MEETING, PA 19462**

**Mailing Address**  
**901 ARTIS ROAD**  
**PLYMOUTH MEETING, PA 19462**

**20036390**



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 33612-6708**

**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**  
**901 ARTIS ROAD**  
**PLYMOUTH MEETING, PA 19462**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**RAPOPORT, MITCHELL**  
**1002 VALLEY GLEN RD**  
**ELKINS PARK, PA 19027**

**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**

**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*  
**Paula Katz**

**4/17/06 610 220 8806**