


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-26-2006 90148 017 ****55.00

DOCUMENT # L03000036427 1. Entity Name RMJP HILLSBOROUGH SQUARE, LLC	
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Principal Place of Business 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462	Mailing Address 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462
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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 <input checked="" type="checkbox"/>	\$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: _____ (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 ROAD 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: Paula Katz Paula Katz 4/17/06 610 220 8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #