

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036427

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: RMJP HILLSBOROUGH SQUARE, LLC

**Current Principal Place of Business:**

901 ARTIS ROAD  
PLYMOUTH MEETING, PA 19462

**New Principal Place of Business:**

**Current Mailing Address:**

901 ARTIS ROAD  
PLYMOUTH MEETING, PA 19462

**New Mailing Address:**

FEI Number: 20-5071459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEMUS, MARTHA  
10409 NORTH FLORIDA AVENUE  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KATZ, PAULA  
Address: 901 ARTIS ROAD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR ( ) Delete  
Name: RAPOPORT, MITCHELL  
Address: 1002 VALLEY GLEN ROAD  
City-St-Zip: ELKINS PARK, PA 19027

Title: MGR ( ) Delete  
Name: RAPOPORT, JEFFREY  
Address: 458 N. APPLETREE LANE  
City-St-Zip: LAFAYETTE HILL, PA 19444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGRM

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date