


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-26-2006 90148 020 \*\*\*\*55.00

<b>DOCUMENT # L04000006499</b> 1. Entity Name <b>RMJP MEMORIAL, LLC</b>	
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Principal Place of Business <b>901 ARTIS ROAD PLYMOUTH MEETING, PA 19462</b>	Mailing Address <b>901 ARTIS ROAD PLYMOUTH MEETING, PA 19462</b>
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**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>23-2206405</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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	<b>MGRM KATZ, PAULA 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAPOPORT, MITCHELL 1002 VALLEY GLEN RD ELKINS PARK, PA 19027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAPOPORT, JEFFREY 458 N APPLETREE LANE LAFAYETTE HILL, PA 19444</b>
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 #