2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L04000006499

Entity Name: RMJP MEMORIAL, 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: 20-5072136 **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, MICTHELL	
Address:	1002 VALLEY GLEN RD	
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 03/06/2009

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