## FILED Jun 13, 2005 8:00 am Secretary of State 04-12-2005 90020 016 \*\*\*\*55.00

## 2005 LIMITED LIABILITY COMPANY

ANNUAL KEPUKI							04-12-	2003 900	20 010	33.00
DOCUMENT # L0400006503  1. Enlity Name RMJP UNIVERSITY COVE, LLC										
				100						
Principal Place of Business		Mailing Address				30009341				
901 ARTIS ROAD PLYMOUTH MEETING, PA 19462		901 ARTIS ROAD PLYMOUTH MEETING, PA 19462						<b>U</b> C · ·		
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2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.				04062005	Chg-LLC	CR2E0	83 (10/03)		
City & State	City & State				4. FEI Numbe	33-220	06409	<u> </u>	plied For	
Zip Con	untry	Zip Coun		itry		5. Certificate	of Status Desired	5	\$5.00 Add	itional
6. Name and Address of Current Registered Agent						7. Name and	Address of New			
				Name	Mar	rtha	10001	1 (		
RMJP LLC 10409 NORTH FLORIDA AVENUE TAMPA, FL 33612				Martha Lemus Street Address (P.O. Box Number is Not Acceptable) 10409 NORTH FLORIDA AVENUE						SUE
TAMPA, PL 33012										
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<ol><li>The above named entity submether obtigations of registered a</li></ol>		the purpose of changing its	register	ed office or	registered	d agent, or bot	h, in the State of F	florida. Fam i	amiliar with,	and accept
Max	Ilaa I	210111					ul t	100		
SIGNATURE Signeture, typed or printe	d name of registered agent wi	d title of applicable. (NOT	E: Registere	d Agent signatu	re required w	hen reinstating)	1/8	DATE		(
						<u> </u>				
Filing Fee is \$50.00 Due by May 1, 2005								ike check p da Departm		•
9.	MANAGING MEMBER	S/MANAGERS	10.	<del></del>			ADDITION	S/CHANGES		
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NAME RMJP LLC STREET ADDRESS 901 ARTIS ROAD				E	KAT	2, PA	HLA			
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				E	M61	2_			☐ Change	Addition
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City-SI-ZP	mating a maline with	his filing does not a valify to	y the eve	r-SI-ZIP	led in Sec	tion 119 07/34	i). Florida Statute	s. Liuriher cer	tify that the i	nlormation
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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.										
( Valle Vata Dale Vata Willow Lipannouni.										
SIGNATURE: JOHN COM Jania Kat 2 4/6/05 610 220 8804										