

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-26-2006 90148 022 ****55.00

DOCUMENT # L04000006503

1. Entity Name
RMJP UNIVERSITY COVE, LLC



Principal Place of Business
901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462

Mailing Address
901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462



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



\$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

Signature, typed or printed name of registered agent and title if applicable.

(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

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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 #