

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90132 011 ***138.75

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



04032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5071858

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KATZ, PAULA
STREET ADDRESS 901 ARTIS ROAD
CITY - ST - ZIP PLYMOUTH MEETING, PA 19462

TITLE MGR
NAME RAPOPORT, MITCHELL
STREET ADDRESS 1002 VALLEY GLEN ROAD
CITY - ST - ZIP ELKINS PARK, PA 19027

TITLE MGR
NAME RAPOPORT, JEFFREY
STREET ADDRESS 458 N APPLETREE LANE
CITY - ST - ZIP 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

**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

4/7/08

215 426 1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #