2006 LIMITED LIABILITY COMPANY

Apr 26, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000110036** 04-26-2006 90148 014 ****55.00 RMJP OAKCREST COMMONS, LLC Mailing Address Principal Place of Business 20036387 901 ARTIS ROAD 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462 PLYMOUTH MEETING, PA 19462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Ant. #, etc. 04242006 Chg-LLC CR2E083 (11/05) City & State City & State ✓ Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEMUS, MARTHA Street Address (P.O. Box Number is Not Acceptable) 10409 NORTH FLORIDA AVENUE TAMPA, FL 33612 City Zip Code 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE 🖬 Delete TITLE MGR. Change ☐ Addition RMJP, LLC PAULA KATZ NAME NAME 901 ARTIS ROAD STREET ADDRESS 901 ARTIS ROAD STREET ADDRESS CITY-ST-ZIP PLYMOUTH MEETING, PA 19462 CITY-\$T-ZIP PLYMOUTH MEETING DA 19462 ☐ Delete TITLE TITLE MITCHELL RAPOPORT NAME NAME 1002 VALLEY GLEN ROAD STREET ADDRESS STREET ADDRESS FLILINS PAILIL DA 19027 CITY-ST-ZIP CiTY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE JEFFREY RAPOPORT NAME NAME 458 N. APPLETREE LANE LAPAYETTE HILL, PAT 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

JRE: Yould Wy Paula Kut?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED