

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90354 008 \*\*\*\*50.00

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04042007 Chg-LLC CR2E083 (12/06)

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # L06000031180</b><br>1. Entity Name<br><b>RMJP 76TH STREET, LLC</b>   |  |  |   |   |   |
| Principal Place of Business<br><b>901 ARTIS ROAD<br/>PLYMOUTH MEETING, PA 19462</b>  |  |  |   | Mailing Address<br><b>901 ARTIS ROAD<br/>PLYMOUTH MEETING, PA 19462</b> |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |   |   |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country                         |   | 4. FEI Number<br><b>20-4415341</b>                                      |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LEMUS, MARTHA<br/>10409 NORTH FLORIDA AVENUE<br/>TAMPA, FL 33612-6708</b>   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>KATZ, PAULA RAPOPORT<br/>901 ARTIS ROAD<br/>PLYMOUTH MEETING, PA 19462</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>RAPOPORT, JEFFREY<br/>458 N APPLETREE LANE<br/>LAFAYETTE HILL, PA 19444</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |
| 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. |  |  |   |   |   |
| <b>SIGNATURE:</b> <u>Paula Katz</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <u>4/13/07</u><br><small>Date</small>   |   | <u>215 426 1605</u><br><small>Daytime Phone #</small> |