

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-10-2008 90131 012 \*\*\*138.75

**DOCUMENT # L06000031180**

1. Entity Name

RMJP 76TH STREET, LLC



Principal Place of Business

901 ARTIS ROAD  
PLYMOUTH MEETING, PA 19462

Mailing Address

901 ARTIS ROAD  
PLYMOUTH MEETING, PA 19462

**DO NOT WRITE IN THIS SPACE**



04032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-4415341

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 33612-6708

**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 MGR  
NAME KATZ, PAULA RAPOPORT  
STREET ADDRESS 901 ARTIS ROAD  
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

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

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:** \_\_\_\_\_

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

4/7/08

Date

215 426 1605

Daytime Phone #