


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90131 029 ***138.75

DOCUMENT # L06000031181


1. Entity Name
 RMJP 5100 ULMERTON, LLC



Principal Place of Business 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462	Mailing Address 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462
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60021722

DO NOT WRITE IN THIS SPACE



04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4415304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMUS, MARTHA
 10409 NORTH FLORIDA AVENUE
 TAMPA, FL 33612-6708

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATZ, PAULA RAPOPORT 901 ARTIS ROAD PLYMOUTH MEETING, PA 19462
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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Date: 4/7/08 215 426 1605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #