

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-10-2008 90132 012 \*\*\*138.75

**DOCUMENT # L06000031184**

1. Entity Name  
RMJP ROCKLEDGE, 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  
20-4415282

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  
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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

Date

Daytime Phone #

Paula Katz

4/7/08

215 426 1605