

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031184

Entity Name: RMJP ROCKLEDGE, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462

New Principal Place of Business:

Current Mailing Address:

901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462

New Mailing Address:

FEI Number: 20-4415282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMUS, MARTHA
10409 NORTH FLORIDA AVENUE
TAMPA, FL 336126708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KATZ, PAULA RAPOPORT
Address: 901 ARTIS ROAD
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR () Delete
Name: RAPOPORT, JEFFREY
Address: 458 N APPLETREE LANE
City-St-Zip: LAFAYETTE HILL, PA 19444

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KATZ, PAULA RAPOPORT
Address: 901 ARTIS ROAD
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RAPOPORT, MITCHELL
Address: 1002 VALLEY GLEN ROAD
City-St-Zip: ELKINS PARK, PA 19027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date