


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2008 90131 001 ***138.75

| | |
|--|---|
| DOCUMENT # L06000031186 1. Entity Name RMJP ORLANDO, LLC |  |
|--|---|

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

60021750



04032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-4415256 | 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

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 _____ (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 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 | |
| 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: Paula Katz Paula Katz 4/7/08 715 426 1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #