

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064866

FILED
Jan 25, 2010
Secretary of State

Entity Name: STEINER SPA RESORTS (RC FLORIDA), LLC

Current Principal Place of Business:

770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 51-0612346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GLADYS
770 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146 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
Name: FLUXMAN, LEONARD I
Address: 770 S DIXIE HIGHWAY SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR
Name: LAZARUS, STEPHEN
Address: 770 S DIXIE HIGHWAY SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: MGR
Name: BOEHM, ROBERT C
Address: 770 S DIXIE HIGHWAY SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PRES
Name: FLUXMAN, LEONARD I
Address: 770 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SVP
Name: LAZARUS, STEPHEN
Address: 770 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SECR
Name: BOEHM, ROBERT C
Address: 770 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby 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: ROBERT C BOEHM

SECR

01/25/2010

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