2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000001534

1. Entity Name
ROYAL SENIOR CARE, LLC

Principal Place of Business	Mailing Address
1660 NE MIAMI GARDENS DRIVE SUITE 1 MIAMI, FL 33179	1660 NE MIAMI GARDENS DRIVE SUITE 1 MIAMI, FL 33179

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
80-0030722	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAZIT SENIOR CARE, INC
1660 NE MIAMI GARDENS DR
SUITE 1
MIAMI, FL 33179

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
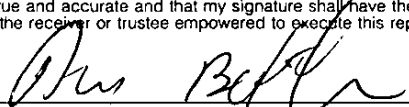
Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SOFFER, AHARON
STREET ADDRESS	1660 NE MIAMI GARDENS DR., #1
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	VP
NAME	BITTAN, AVI
STREET ADDRESS	1660 NE MIAMI GARDENS DR., #1
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	
NAME	
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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: _____   3.13.2007   305 9447988

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