

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90221 036 \*\*\*\*50.00

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02212006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000031422</b> 1. Entity Name <b>RSC ASHFORD COURT, LLC</b>					
Principal Place of Business <b>1660 N.E. MIAMI GARDENS ST, STE ONE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>1660 N.E. MIAMI GARDENS ST, STE ONE NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPCO, INC.</b> <b>2699 SOUTH BAYSHORE DR., SEVENTH FLOOR</b> <b>MIAMI, FL 33133</b>			Name <b>ROYAL SENIOR CARE, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1660 NE MIAMI GARDENS DRIVE</b> <b>SUITE # 1</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33179</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>ROYAL SENIOR CARE, LLC</b> <b>3/3/06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BITTAN, AVI</b> <b>1660 N.E. MIAMI GARDENS ST, STE ONE</b> <b>NORTH MIAMI BEACH, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SOFFER, AHARON</b> <b>1660 N.E. MIAMI GARDENS ST, STE ONE</b> <b>NORTH MIAMI BEACH, FL 33179</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>AHARON SOFFER</b> <b>3/3/06</b> <b>305-944-7988</b> <small>Date Daytime Phone #</small>		