
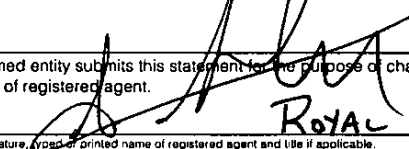


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90217 042 ****50.00

DOCUMENT # L04000018346 1. Entity Name RSC BOCA, LLC					
Principal Place of Business 1660 N.E. MIAMI GARDENS DR, STE ONE NORTH MIAMI BEACH, FL 33179			Mailing Address 1660 N.E. MIAMI GARDENS DR, STE ONE NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			02212006 Chg-LLC CR2E083 (11/05) 4. FEI Number 04-3786757 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPCO, INC. 2699 S BAYSHORE DR, SEVENTH FLOOR MIAMI, FL 33133			Name ROYAL SENIOR CARE, LLC Street Address (P.O. Box Number is Not Acceptable) 1660 NE MIAMI GARDENS DRIVE SUITE #1 City NORTH MIAMI BEACH FL Zip Code 33179		
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>			ROYAL SENIOR CARE, LLC <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BITTAN, AVI		NAME		
STREET ADDRESS	1660 N.E. MIAMI GARDENS DR, STE ONE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOFFER, AHERON		NAME		
STREET ADDRESS	1660 N.E. MIAMI GARDENS DR, STE ONE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			AHERON SOFFER Date 3/3/06 Daytime Phone # 305-944-7988		