
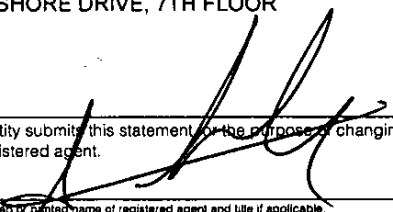
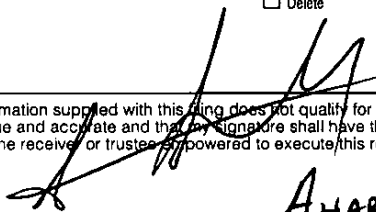


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90217 044 \*\*\*\*50.00

<b>DOCUMENT # L04000039238</b> 1. Entity Name <b>RSC ATRIUM, LLC</b>					
Principal Place of Business <b>1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>86-1106468</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>ROYAL SENIOR CARE LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1660 NE MIAMI GARDENS DRIVE 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 3/3/06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTAN, AVI 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179	<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	MGR SOFFER, AHARON 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179	<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	MGR 	<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	MGR 	<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	MGR 	<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	MGR 	<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 the 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: 			<b>AHARON SOFFER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/3/06</b> Daytime Phone # <b>305-944-7988</b>		