## 2008 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Mar 25, 2008 08:00 AM DOCUMENT # L04000039238 Secretary of State 1. Entity Name RSC ATRIUM, LLC Principal Place of Business Mailing Address 1660 N.E. MIAMI GARDENS DRIVE, 1660 N.E. MIAMI GARDENS DRIVE, STE. 1 NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1106468 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROYAL SENIOR CARE,LLC DO NOT WRITE 1660 NE MIAMI GARDENS DR STE 1 IN THIS SPACE MIAMI, FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 U000000869681 After May 1, 2008 Fee will be \$538.75 94/99/98-89960-005 138.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BITTAN, AVI STREET ADDRESS 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 MGR TITLE SOFFER, AHARON NAME STREET ADDRESS 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

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:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SE NG MEMBER OR AUTHORIZED REPRESENTATIVE

3.24.08

305 944-1988

Daytime Phone #