
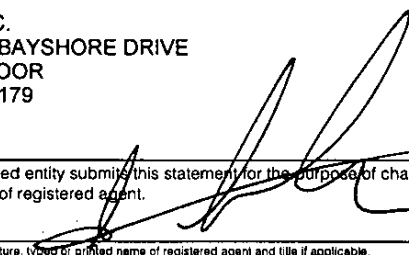
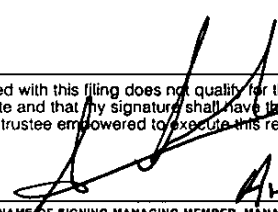


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90217 049 \*\*\*\*50.00

<b>DOCUMENT # L04000060746</b> 1. Entity Name <b>RSC OAKLEAF GREENVILLE, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>01-0819597</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPCO, INC.</b> <b>2699 SOUTH BAYSHORE DRIVE</b> <b>SEVENTH FLOOR</b> <b>MIAMI, FL 33179</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</b> FL 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	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 DRIVE		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, AHARON		NAME		
STREET ADDRESS	1660 N.E. MIAMI GARDENS DRIVE		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>			<b>AHARON SOFFER</b> <b>3/3/06</b> <b>305-944-7988</b> <small>Date Daytime Phone #</small>		

20020302



02212006 Chg-LLC CR2E083 (11/05)