


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000060747</b><br>1. Entity Name<br>RSC-GSC MANAGEMENT, LLC |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1660 N.E. MIAMI GARDENS DRIVE<br>SUITE ONE<br>NORTH MIAMI BEACH, FL 33179 | Mailing Address<br>1660 N.E. MIAMI GARDENS DRIVE<br>SUITE ONE<br>NORTH MIAMI BEACH, FL 33179 |
|--|--|



01042008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>01-0819606  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>ROYAL SENIOR CARE, LLC<br>1660 NE MIAMI GARDENS DR<br>STE. 1<br>MIAMI, FL 33179 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

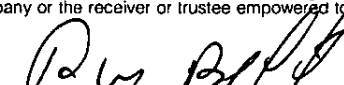
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000869712  
04/09/08-80060-017 138.75

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>BITTAN, AVI<br>1660 N.E. MIAMI GARDENS DRIVE<br>NORTH MIAMI BEACH, FL 33179    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>SOFFER, AHARON<br>1660 N.E. MIAMI GARDENS DRIVE<br>NORTH MIAMI BEACH, FL 33179 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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:**  **3-24-08** **305 944 7988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #