2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L0400060748 1. Enlity Name RSC OAKLEAF LEXINGTON, LLC							5 90217 046 ****	
Principal Place of Business Mailing Address						20	U2U3U5	
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006	Chg-LLC	CR2E083 (11/05	5)	
City & State		City & State		4. FEI Numb 01-081			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 A Fee Requ	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	
CORPCO, INC.				Name $\mathcal{R}_{\mathfrak{d}}$	YAL SE	NIOR C	ARE LLC	
2699 SOU		S	Street Address	(P.O. Box Numb	er is Not Acceptab	ARDENS)	RIVE	
SEVENTH		<i>, //</i>		<u> </u>	D NE	MIAMI G	AKISENS I)KIVE
MIAMI, FL	33133		_		TE # 1		l'÷ a	
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	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered o -	office or regist	tered agent, or bo	th, in the State of F	Porida. I am familiar wi	h, and accept
-	Ions of registered agenti.	ROYAL	. <	ENIOR	CADS	110	3/3/06	
SIGNATURE -	Signature, typed or printed name of registered agent a				- CARCE.	LLC	73,00	
L	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Age	ent eignature requir	red when reinstating)		DATE	
Fi	ling Fee Is \$50.00 ue by May 1, 2006	nd life if applicable. (NOTE:	: Registered Age	ent signature requir	red when reinstating)		DATE ke check payable to da Department of St	
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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:

3/3/06

305-944-7988

Daytime Phone #