

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90221 035 \*\*\*\*50.00

20020516



02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
01-0819609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name **ROYAL SENIOR CARE, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**1660 NE MIAMI GARDENS DRIVE**  
**SUITE # 1**  
City **NORTH MIAMI BEACH FL** Zip Code **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.

**ROYAL SENIOR CARE, LLC**

**3/3/06**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BITTAN, AVI**  
STREET ADDRESS **1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **MGR** ☐ Delete  
NAME **SOFFER, AHARON**  
STREET ADDRESS **1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**AHARON SOFFER**

**3/3/06**

**305-944-7988**

Date

Daytime Phone #