


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000061001 1. Entity Name RSC-LSC MANAGEMENT, LLC	
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Principal Place of Business 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179	Mailing Address 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0819609	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYAL SENIOR CARE, LLC 1660 NE MIAMI GARDENS DR STE 1 N MIAMI BCH, FL 33179	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____


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

U000000869714
04/09/08-80060-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTAN, AVI 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOFFER, AHARON 1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE
IN THIS SPACE**

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