2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000084073



03-19-2007 90466 018 ****50.00

Mar 19, 2007 8:00 am Secretary of State

FILED

RSC HOLLYWOOD, LLC

Principal Place of Business

Mailing Address

1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179

1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179



01102007 No Chg-LLC

CR2E083 (11/05)

	_ \$5	NΛ	A - -1:1:1
72-1588885			Not Applicable
4. FEI Number			Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ROYAL SENIOR CARE, LLC 1660 NE MIAMI GARDENS DR

DO	NOT	F-W	RITE
IN	THIS	SP	ACE

MIMMI, FL	33179	11 11110 01 7402	
	named entity submits this statement for the purpose of changing its registe ons of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
0.00.1477.108			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	and Agent signature required when reinstating) DATE	
Fi	ling Fee is \$50.00		
D	ue by May 1, 2007		
	MANAGING MEMBERS/MANAGERS		
9.		_	
TITLE	MGR		
NAME	BITTAN, AVI		
STREET ADDRESS	1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		
TITLE	MGR		
NAME	SOFFER, AHARON		
STREET ADDRESS	1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		
	110/11/11/11/1001/1001/10	-	
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		DO NOT WINTE	
TITLE		IN THIS SPACE	
NAME		IN THIS SPACE	
STREET ADDRESS			
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 of execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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Daytime Phone #