


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000070626 1. Entity Name RSC CONYERS, LLC	
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Principal Place of Business 1660 N.E. MIAMI GARDENS DRIVE SUITE ONE NOTH MIAMI BEACH, FL 33179	Mailing Address 1660 N.E. MIAMI GARDENS DRIVE SUITE ONE NOTH MIAMI BEACH, FL 33179
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01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0154776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYAL SENIOR CARE, LLC
1660 NE MIAMI GARDENS DR
STE 1
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

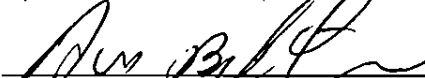
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000869617
04/09/08-80058-008 138.75

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

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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: 	305-944-9988	3-24-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>