2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L05000070626

Entity Name: RSC CONYERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1660 N.E. MIAMI GARDENS DRIVE
SUITE 8
NOTH MIAMI BEACH, FL 33179

Current Mailing Address:

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

New Mailing Address:

1660 N.E. MIAMI GARDENS DRIVE
SUITE 8
NOTH MIAMI BEACH, FL 33179

FEI Number: 32-0154776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROYAL SENIOR CARE, LLC
1660 NE MIAMI GARDENS DR
STE 1
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

ROYAL SENIOR CARE, LLC
1660 NE MIAMI GARDENS DR
STE 8
MIAMI, FL 33179 US

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.

SIGNATURE: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BITTAN, AVI
Address: 1660 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NOTH MIAMI BEACH, FL 33179

Title: MGR ( ) Delete
Name: SOFFER, AHARON
Address: 1660 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NOTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BITTAN, AVI
Address: 1660 N.E. MIAMI GARDENS DRIVE, STE. 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change ( ) Addition
Name: SOFFER, AHARON
Address: 1660 N.E. MIAMI GARDENS DRIVE, STE. 8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AVI BITTAN MGR 02/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date