


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-24-2006 90216 011 ****50.00

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| DOCUMENT # L05000070651 |  |
| 1. Entity Name RSC-LGA, 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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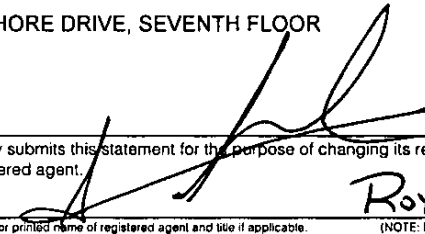
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02212006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 36-4577222 | Applied For <input type="checkbox"/> Not Applicable |
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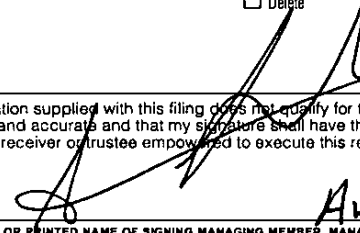
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, SEVENTH FLOOR 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 | |
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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:  | ROYAL SENIOR CARE LLC 3/3/06 DATE |

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BITTAN, AVI 1660 N.E. MIAMI GARDENS DRIVE SUITE ONE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SOFFER, AHARON 1660 N.E. MIAMI GARDENS DRIVE SUITE ONE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 to execute this report as required by Chapter 608, Florida Statutes. | |
| SIGNATURE:  | AHARON SOFFER 3/3/06 305-944-7988 Date Daytime Phone # |