


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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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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01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 36-4577222 | 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000969718
04/09/08-80050-020 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| 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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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: *Avi Bittan* **3-24-08** **305 944 7988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #