2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000029098

1. Entity Name
RSC-LM DEVELOPMENT, 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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
51-0569806	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROYAL SENIOR CARE, LLC
1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE
NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

U00000874499
04/10/08-80118-025 138.75

9.	MANAGING MEMBERS/MANAGERS
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   3-25-08   305-944-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #