


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90464 010 \*\*\*\*50.00

<b>DOCUMENT # L06000055046</b> 1. Entity Name <b>RSC FAYETTEVILLE, LLC</b>					
Principal Place of Business <b>1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-4996124</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CFRA, LLC CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33607-5736</b>			7. Name and Address of New Registered Agent Name <b>ROYAL SENIOR CARE, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1660 NE MIAMI GARDENS DRIVE</b> <b>SUITE # 1</b> City <b>N. MIAMI BEACH</b> FL      Zip Code <b>33179</b>		
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 <u><i>[Signature]</i></u> DATE <u>3/13/2007</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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	
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: <u><i>[Signature]</i></u>			Date <u>3/13/2007</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		