2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L06000055046

Entity Name: RSC FAYETTEVILLE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-4996124 **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
N MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

ROYAL SENIOR CARE LLC
1660 NE MIAMI GARDENS DR
STE 8
N MIAMI BEACH, 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: BITIAN, AVI
Address: 1660 NE MIAMI GARDENS DR #1
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR ( ) Delete
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR #1
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BITIAN, AVI
Address: 1660 NE MIAMI GARDENS DR #8
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR (X) Change ( ) Addition
Name: SOFFER, AHARON
Address: 1660 NE MIAMI GARDENS DR #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