2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L06000056291

Entity Name: RWS HEALTHCARE, LLC

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE
SUITE 1210
TAMPA, FL 33602 US

New Principal Place of Business:

100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 US

Current Mailing Address:

100 SOUTH ASHLEY DRIVE
SUITE 1210
TAMPA, FL 33602 US

New Mailing Address:

100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 US

FEI Number: 20-4966382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEUER, SCOTT N
100 SOUTH ASHLEY DRIVE
SUITE 1210
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FEUER, SCOTT N
100 NORTH TAMPA STREET
SUITE 3550
TAMPA, FL 33602 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: _____ 01/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SKYWAY CAPITAL PARTN, ERS, LLC
Address: 100 SOUTH ASHLEY DRIVE, SUITE 1210
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SKYWAY CAPITAL PARTN, ERS, LLC
Address: 100 NORTH TAMPA STREET, SUITE 3550
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN CRINO MGR 01/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date