2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114863

Entity Name: RSC SARASOTA HE, LLC

FILED Feb 24, 2009 Secretary of State

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:

FEI Number: 20-5964557

1660 N.E. MIAMI GARDENS DRIVE, SUITE ONE

NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number Not Applicable ()

1660 N.E. MIAMI GARDENS DRIVE, SUITE 8

NORTH MIAMI BEACH, FL 33179

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEI Number Applied For ()

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

Name and Address of New Registered Agent:

ROYAL SENIOR CARE, LLC 1660 N.E. MIAMI GARDENS DRIVE, SUITE 8 NORTH MIAMI BEACH, FL 33179

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

02/24/2009

MANAGING MEMBERS/MANAGERS:

MGR () Delete

BITTAN, AVI Name:

Address: 1660 NE MIAMI GARDENS DR #1 City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR () Delete Name: SOFFER, AHARON

SIGNATURE: AVI BITTAN

Address: 1660 NE MIAMI GARDENS DR #1 City-St-Zip: NORTH MIAMI BEACH, FL 33179 ADDITIONS/CHANGES:

Title: (X) Change () Addition

BITTAN, AVI Name:

Address: 1660 NE MIAMI GARDENS DR #8 City-St-Zip: NORTH MIAMI BEACH, FL 33179

(X) Change () Addition Title: MGR

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.