File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -1 PM 3: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75 | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT #** M98000001310

JACKSONVILLE RETIREMENT RESIDENCE LLC
2250 MCGILCHRIST STREET, S.E.
SALEM OR 97302

1a. Principal Place of Business Address

2250 MCGILCHRIST STREET, S.E
SALEM OR 97302

2. Principal Place of Business	2a. Mailing Address
2250 McGildhrist St. SE	P.O. Box 14111
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Attn: Dellane Colson
City & State: Salem, OR	City & State: Salem, OR
Zip: 97302 Country: USA	Zip: 97309 Country: USA

3. Date Organized or Qualified: 11/06/1998
3a. State of Formation: OR
4. FEI Number: APPLIED FOR 93-1248309 — ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired — $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name
Street Address **(P.O. Box Number is Not Acceptable)**
Suite, Apt. #, etc.
City **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ____________ DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COLSON, WILLIAM E	2250 MCGILCHRIST STREET, S	SALEM OR
MGR	BATY, DANIEL R	3131 ELLIOTT AVE., SUITE 5	SEATTLE WA
MGR	BRENDEN, NORMAN L	2250 MCGILCHRIST STREET, S	SALEM OR

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: [signature], Norman L. Brenden, Manager — 2/23/99 — (503) 370 7071 x7209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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