

2001 UNIFORM BUSINESS REPORT (UBR)

0029405 AF

DOCUMENT # M98000001310

1. Entity Name

JACKSONVILLE RETIREMENT RESIDENCE LLC

FILED

01 FEB -8 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2250 MCGILCHRIST STREET, S.E.
SUITE 200
SALEM OR 97302

Mailing Address

P.O. BOX 14111
ATTN: DELLANE COLSON
SALEM OR 97309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

93-1248309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR COLSON, WILLIAM E
STREET ADDRESS 2250 MCGILCHRIST STREET, S.E.
CITY-ST-ZIP SALEM OR 97302 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR BATY, DANIEL R
STREET ADDRESS 3131 ELLIOTT AVE., SUITE 500
CITY-ST-ZIP SEATTLE WA 98121 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003657012--3
CITY-ST-ZIP -02/08/01--01013--009
2205.00 **50.00

TITLE NAME MGR BRENDEN, NORMAN L
STREET ADDRESS 2250 MCGILCHRIST STREET, S.E.
CITY-ST-ZIP SALEM OR 97302 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

503 370 7071
X 7209

CR2E083 (11/00)