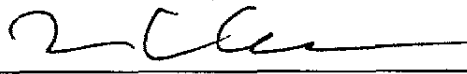


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001310		
1. Entity Name JACKSONVILLE RETIREMENT RESIDENCE LLC		
Principal Place of Business 2250 MCGILCHRIST STREET, S.E. SUITE 200 SALEM, OR 97302	Mailing Address P.O. BOX 14111 ATTN: DEBBIE PARSONS SALEM, OR 97309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLSON, WILLIAM E 2250 MCGILCHRIST STREET, S.E. SALEM, OR 97302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATY, DANIEL R 3131 ELLIOTT AVE., SUITE 500 SEATTLE, WA 98121	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENDEN, NORMAN L 2250 MCGILCHRIST STREET, S.E. SALEM, OR 97302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  2/25/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



01272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
93-1248309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1100000247326
03/01/05-80017-021 50.00