2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001310

1. Entity Name
JACKSONVILLE RETIREMENT RESIDENCE LLC

Principal Place of Business	Mailing Address
2250 MCGILCHRIST STREET, S.E. SUITE 200 SALEM, OR 97302	P.O. BOX 14111 ATTN: DEBBIE PARSONS SALEM, OR 97309

DO NOT WRITE IN THIS SPACE

01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
93-1248309

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COLSON, WILLIAM E
STREET ADDRESS	2250 MCGILCHRIST STREET, S.E.
CITY-ST-ZIP	SALEM, OR 97302
TITLE	MGR
NAME	BATY, DANIEL R
STREET ADDRESS	3131 ELLIOTT AVE., SUITE 500
CITY-ST-ZIP	SEATTLE, WA 98121
TITLE	MGR
NAME	BRENDEN, NORMAN L
STREET ADDRESS	2250 MCGILCHRIST STREET, S.E.
CITY-ST-ZIP	SALEM, OR 97302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80047-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-13-06 503 370-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #