2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2010
Secretary of State

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Entity Name: JACKSONVILLE RETIREMENT RESIDENCE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14111
ATTN: DEBBIE PARSONS
SALEM, OR 97309

New Mailing Address:

FEI Number: 93-1248309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HARVEST MANAGING MEMBER I LLC
Address: 2250 MCGILCHRIST STREET, S.E.
City-St-Zip: SALEM, OR 97302

I hereby 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 Statues.

SIGNATURE: LEAH R. KUOR, AUTHORIZED AGENT MGRM 01/17/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date