

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M98000001310

FILED
Jul 30, 2012
Secretary of State

Entity Name: JACKSONVILLE RETIREMENT RESIDENCE LLC

Current Principal Place of Business:

5885 MEADOWS RD., SUITE 500
ATTN: LEGAL DEPARTMENT
LAKE OSWEGO, OR 97035 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1700
ATTN: LEGAL DEPARTMENT
LAKE OSWEGO, OR 970358646 US

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: MGRM
Name: HARVEST MANAGING MEMBER I LLC
Address: 5885 MEADOWS RD., SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035 US

Title: OFCR
Name: CALLISON, JACK R JR
Address: 5885 MEADOWS RD., SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035

Title: OFCR
Name: WOOD, RANDY S
Address: 5885 MEADOWS RD., SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035

Title: OFCR
Name: SHANABERGER, SCOTT A
Address: 5885 MEADOWS RD., SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035

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 Statutes.

SIGNATURE: LEAH R. KUOR

OFCR

07/30/2012

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