

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001310

Entity Name: JACKSONVILLE RETIREMENT RESIDENCE LLC

Current Principal Place of Business:

5885 MEADOWS RD
SUITE 500
LAKE OSWEGO , OR 97035

Current Mailing Address:

5885 MEADOWS RD
SUITE 500
LAKE OSWEGO , OR 97035 US

FEI Number: 93-1248309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name HARVEST MANAGING MEMBER I LLC
Address 5885 MEADOWS RD
 SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARVEST MANAGING MEMBER I LLC

MANAGING MEMBER

04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date