

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001458

1. Entity Name
AMERICAN SENIOR LIVING OF JACKSONVILLE-SNF,
LLC



Principal Place of Business
3073 HORSESHOE DR.
SUITE 100
NAPLES, FL 34104 US

Mailing Address
3073 HORSESHOE DR.
SUITE 100
NAPLES, FL 34104 US



01232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639791

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000116819
04/16/04-80072-012 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AMERICAN SENIOR LIVING INC.
STREET ADDRESS	3073 HORSESHOE DRIVE, SUITE 100
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ALAN D. PARRISH, Pres

Date

239-262-8006

Daytime Phone #