

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 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**



01302006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                      |                                            |
|----------------------------------------------------------------------|--------------------------------------------|
| 4. FEI Number<br><b>59-3639791</b>                                   | Applied For<br><input type="checkbox"/>    |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |

**\$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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                                                    |                                                                                                     |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>AMERICAN SENIOR LIVING INC.<br/>3073 HORSESHOE DRIVE, SUITE 100<br/>NAPLES, FL 34104</b> |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**George P. Warner Jr.**

Date

Daytime Phone #

**4/19/06**

**239-262-8006**