2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001458

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

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

DO NOT WRITE IN THIS SPACE

01052007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3639791	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

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

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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.
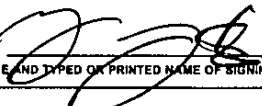
SIGNATURE _____

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, 2007

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	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/15/07-80129-001 50.00

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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: _____ George P. Wagner, III V.P. & Director 4-25-07 239-262-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #