

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90748 039 ****55.00

DOCUMENT # L00000001458

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



Principal Place of Business
2150 GOODLETTE ROAD
SUITE 600
NAPLES FL 34102

Mailing Address
2150 GOODLETTE ROAD
SUITE 600
NAPLES FL 34102

2. Principal Place of Business
3073 HORSESHOE DR.
Suite, Apt. #, etc.
STE. 100

3. Mailing Address
3073 HORSESHOE DR.
Suite, Apt. #, etc.
STE. 100

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **59-3639791**

Applied For
Not Applicable

Zip **34104** **Country** **USA**

Zip **34104** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **AMERICAN SENIOR LIVING INC.**
STREET ADDRESS **2150 GOODLETTE ROAD**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **MGR** ☒ Change ☐ Addition
NAME **AMERICAN SENIOR LIVING, INC.**
STREET ADDRESS **3073 HORSESHOE DR., STE. 100**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

7/10/03 **239-262-8006**

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

Date

Daytime Phone #

CR2E083 (10/02)