

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019345

FILED
Apr 21, 2008
Secretary of State

Entity Name: ARA-WEST JACKSONVILLE LLC

Current Principal Place of Business:

425 NORTH LEE STREET
JACKSONVILLE, FL US

New Principal Place of Business:

425 NORTH LEE STREET
JACKSONVILLE, FL 32204 US

Current Mailing Address:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915 US

New Mailing Address:

FEI Number: 02-0538733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORDT, CHRISTOPHER T,
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915 US

Title: MGR () Delete
Name: BAKER III MD, JAMES, D M.D.
Address: 3569 HEDRICK STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR () Delete
Name: KAMAL, SYED,
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SYED KAMAL

MGR.

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date