


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000026301						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUN 16 AM 10:03	
1. Entity Name ISLF-DEERWOOD PLACE-JACKSONVILLE, LLC							
Principal Place of Business 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701				Mailing Address 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701			
2. Principal Place of Business 7130 Southside Blvd				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Jacksonville, FL				City & State			
Zip 32256		Country DUAL		Zip		Country	
4. FEI Number 20-0983025				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE SUITE 1550 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$50.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE D NAME GALLAHER, RHONDA <input checked="" type="checkbox"/> Delete STREET ADDRESS 109 ANTES LANE CITY-ST-ZIP GRAMPIAN, PA 16838				TITLE MGR ADMINISTRATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MEMBER STREET ADDRESS 7130 Southside Blvd CITY-ST-ZIP Jacksonville, FL 32256			
TITLE MGR NAME MADONNA, HARRY D <input type="checkbox"/> Delete STREET ADDRESS C/O SG&R PO BOX 10867 CITY-ST-ZIP SAINT PETERSBURG, FL 337310867				TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MADONNA, HARRY DILLON STREET ADDRESS 360 CENTRAL AVE., STE 1550 CITY-ST-ZIP ST. PETERSBURG, FL 33701			
TITLE D NAME WYATT, DEE <input checked="" type="checkbox"/> Delete STREET ADDRESS 724 N GOVERNORS AVENUE CITY-ST-ZIP DOVER, DE 199047238				TITLE MGR DIRECTOR OF NURSING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MEMBER STREET ADDRESS 7130 Southside Blvd. CITY-ST-ZIP Jacksonville, FL 32256			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>HARRY DILLON MADONNA</u> 5/9/06 727-824-8800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							