

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094099

FILED
Apr 19, 2009
Secretary of State

Entity Name: JACOB'S LADDER FAMILY ASSISTED LIVING L.L.C.

Current Principal Place of Business:

946 BRUNSWICK LANE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

946 BRUNSWICK LANE
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 51-0646407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECLERCQ, KAROLENA M
812 FAULL LANE
ROCKLEDGE, FL, FL 32955 US

Name and Address of New Registered Agent:

DECLERCQ, KAROLENA M
812 FAULL LANE
ROCKLEDGE, FL 32955 US

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: KAROLENA DECLERCQ

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DECLERCQ, KAROLENA M
Address: 812 FAULL LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGR () Delete
Name: WIECZORECK, NANCY ANN
Address: 1575 S. HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

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: KAROLENA DECLERCQ

MGR

04/19/2009

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