

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000013456

FILED
Feb 27, 2010
Secretary of State

Entity Name: ORCHARD MANOR ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

459 SW HORSEWAY
LAKE CITY, FL 32055

New Principal Place of Business:

826 NW WILSON STREET
LAKE CITY, FL 32055

Current Mailing Address:

826 NW WILSON STREET
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 26-4259619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MARY ANN
826 NW WILSON STREET
LAKE CITY, FL 32055 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
Name: JONES, MARY ANN
Address: 826 NW WILSON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: MGR
Name: COOK, DIANE
Address: 651 NE FAIRVIEW STREET
City-St-Zip: LAKE CITY, FL 32055

Title: MGR
Name: JONES, KARRIE
Address: 263 NW PATRIOT COURT
City-St-Zip: LAKE CITY, FL 32055

I hereby 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: MARY ANN JONES

MGR

02/27/2010

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