

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013456

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** ORCHARD MANOR ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

826 NW WILSON STREET  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**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

03/23/2011

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