

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90748 040 ****55.00

DOCUMENT # L99000007655

1. Entity Name
AMERICAN SENIOR LIVING OF JACKSONVILLE, LLC



Principal Place of Business
**2150 GOODLETTE ROAD, SUITE 600
NAPLES FL 34102**

Mailing Address
**2150 GOODLETTE ROAD, SUITE 600
NAPLES FL 34102**

2. Principal Place of Business

3073 HORSESHOE DR.

3. Mailing Address

3073 HORSESHOE DR.

Suite, Apt. #, etc.

STE. 100

Suite, Apt. #, etc.

STE. 100

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34104

Country

USA

Zip

34102

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2214624**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **AMERICAN SENIOR LIVING, INC.**
STREET ADDRESS **2150 GOODLETTE ROAD, SUITE 600**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **AMERICAN SENIOR LIVING, INC.**
STREET ADDRESS **3073 HORSESHOE DR., STE. 100**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED** **President** **4/10/03** **239-262-8006**
Date Daytime Phone #

CR2E083 (10/02)