2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000185

1. Entity Name
JACKSONVILLE FAMILY CENTER, LLC

Principal Place of Business	Mailing Address
501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570	501 WASHINGTON AVENUE PLEASANTVILLE, NY 10570

DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
13-4096227	Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH,LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000

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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

Filing Fee is $50.00
Due by May 1, 2005
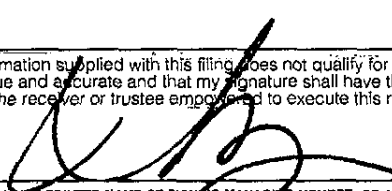
9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHENDELL, LEONARD M
STREET ADDRESS	542 MAIN STREET
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	MGRM
NAME	PAPRIN, YALE I
STREET ADDRESS	501 WASHINGTON AVE.
CITY-ST-ZIP	PLEASANTVILLE, NY 10570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/15/05-80070-008 50.00

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11. 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 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.

YALE I PAPRIN
Managing Member
4/11/05

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #