


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # M00000000185 1. Entity Name JACKSONVILLE FAMILY CENTER, LLC	
--	---

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

DO NOT WRITE IN THIS SPACE



01172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-4096227	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301
--

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000000461
04/15/08-80001-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHENDELL, LEONARD M 542 MAIN STREET NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAPRIN, YALE I 501 WASHINGTON AVE. 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	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

YALE I PAPRIN
Managing Member

Date

Daytime Phone #

2/13/08