## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M00000002447

1. Entity Name

MELWOOD NURSING CENTER, L.L.C.



Principal Place of Business 3570 KEITH STREET, NW CLEVELAND, TN 37312 Mailing Address

3570 KEITH STREET, NW CLEVELAND, TN 37312

## FILED Jun 23, 2006 8:00 am Secretary of State

06-23-2006 90139 006 \*\*\*\*50.00

40096862



05192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 62-1836125

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

> MelWood Nursing By: Developers (

> > SIGNATURE A

TYPED OR PRINTED NAME OF

Joan E. Thurmond, Assistant Secr

## 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 Horida. 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 September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLÉ	MGR		
NAME	PRESTON, FORREST L		
STREET ADDRESS	3570 KEITH STREET, NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE	MGRM		
NAME	DEVELOPERS INVESTMENT COMPANY II, INC.		
STREET ADDRESS	3570 KEITH STREET, NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE			
NAME			
STREET ADDRESS		DO NOT V	VDITE
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11. I hereby certify that the information supplied with this filling 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 certify that I am a managing member or manager of the limited liabilities reported the contained that I am a managing member or manager of the limited liabilities reported the contained that I am a managing member or manager of the			

ryorate Manager

OR AUTHORIZED REPRESENTATIVE

tary to Corporate Manager

6/21/06

Date

(423) 473-5868