


**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 002 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # M0000002447</b> 1. Entity Name <b>MELWOOD NURSING CENTER, L.L.C.</b>	
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Principal Place of Business <b>3570 KEITH STREET, NW          CLEVELAND, TN 37312</b>	Mailing Address <b>3570 KEITH STREET, NW          CLEVELAND, TN 37312</b>
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30005589



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>62-1836125</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PRESTON, FORREST L</b> <b>3570 KEITH STREET, NW</b> <b>CLEVELAND, TN 37312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member MGR</b> <b>Cathy Murray - SET</b> <b>3570 Keith Street, NW</b> <b>Cleveland, TN 37312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DEVELOPERS INVESTMENT COMPANY II, INC.</b> <b>3570 KEITH STREET, NW</b> <b>CLEVELAND, TN 37312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member MGR</b> <b>O. Michael Carter - SET</b> <b>3570 Keith Street, NW</b> <b>Cleveland, TN 37312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Joan E. Thurmond 3/29/07 (423) 473-5868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joan E. Thurmond, Assistant Secretary