2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010080

1. Entity Name

BROOKWOOD-WALTON COUNTY CONVALESCENT CENTER, LLC



FILED Mar 02, 2007 08:00 AM Secretary of State

Principal Place of Business

803 N. CALHOUN STREET TALLAHASSEE, FL 32303

Mailing Address

803 N. CALHOUN STREET TALLAHASSEE, FL 32303



DATE

02252007No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

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

MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303

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.	
01	ONATE IDE	

(NOTE: Registered Agent signature required when reinstaling)

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

9. MANAGING MEMBERS/MANAGERS	
MGR BLUE HERON, LLC 3993 HOWARD HUGHES PARKWAY SUITE 250 LAS VEGAS, NV 89109	
each that the information supplied with this filling does not qualify for the	

000000653996 03/13/07-80044-013 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statures. 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

Kenneth P. Gummels, Authorized Representative

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

2/26/2007

850-233-8800

Daytime Phone #