

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010080

FILED
Jan 26, 2009
Secretary of State

Entity Name: BROOKWOOD-WALTON COUNTY CONVALESCENT CENTER, LLC

Current Principal Place of Business:

803 N. CALHOUN STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

545 WAHOO ROAD
PANAMA CITY, FL 32408

Current Mailing Address:

803 N. CALHOUN STREET
TALLAHASSEE, FL 32303

New Mailing Address:

PO BOX 27790
PANAMA CITY, FL 32411

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLUE HERON, LLC,
Address: 3993 HOWARD HUGHES PARKWAY SUITE 250
City-St-Zip: LAS VEGAS, NV 89109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLUE HERON, LLC,
Address: 3993 HOWARD HUGHES PARKWAY SUITE 250
City-St-Zip: LAS VEGAS, NV 89169

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 electronic 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: KENNETH P GUMMELS

MGR

01/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date