2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014682

1. Entity Name

BROOKWOOD GARDENS CONVALESCENT CENTER OPERATIONS, L.L.C.



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

545 WAHOO RD. PANAMA CITY, FL 32408 Mailing Address

PO BOX 27790

PANAMA CITY, FL 32411-7790



01132008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	65-1133496	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E 803 N. CALHOUN 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	

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS	[1] [1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAGON INVESTMENTS, INC. 545 WAHOO RD. PANAMA CITY, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$U00000787148 01/17/08_80072-002:138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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. **GUMMELS**

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

1/15/2008

850-233-8800

Daytime Phone #