

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91211 039 \*\*\*\*\*50.00

**DOCUMENT # L01000014730**

1. Entity Name

**WALTON COUNTY CONVALESCENT CENTER OPERATIONS, L.  
L.C.**

Principal Place of Business

**5922 CATTLEMEN LANE, SUITE 203  
SARASOTA FL 34232**

Mailing Address

**5922 CATTLEMEN LANE, SUITE 203  
SARASOTA FL 34232**

2. Principal Place of Business

**803 N. Calhoun St.**

3. Mailing Address

**803 N. Calhoun St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Tallahassee, FL**

City &amp; State

**Tallahassee, FL**

4. FEI Number

**65-1133451**

Applied For

Not Applicable

Zip  
**32303**Country  
**USA**Zip  
**32303**Country  
**USA**5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECHOW, GERALD A  
5922 CATTLEMEN LANE, SUITE 203  
SARASOTA FL 34232**

Name

**Theodore E. Mack**

Street Address (P.O. Box Number is Not Acceptable)

**803 N. Calhoun St.**

City

**Tallahassee****FL**Zip Code  
**32303**

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.

SIGNATURE

**Theodore E. Mack****2/25/2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Theodore E. Mack  
803 N. Calhoun St.  
Tallahassee, FL 32303** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Jerry W. Hinson  
803 N. Calhoun St.  
Tallahassee, FL 32303** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Annette B. Jansenius  
803 N. Calhoun St.  
Tallahassee, FL 32303** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DeFuniak RE, L.L.C.  
803 N. Calhoun St.  
Tallahassee, FL 32303** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

**SIGNATURE REQUIRED****Annette B. Jansenius, MGR 2/25/2002 850-526-2000**

Date

Daytime Phone #

CR2E083 (9/01)