


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90056-005-\$50.00-\$50.00

DOCUMENT # L01000014730	
1. Entity Name WALTON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 15 PM 12:36

Principal Place of Business 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US	Mailing Address 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US
--	--



2. Principal Place of Business - No P.O. Box # 545 Wahoo Road	3. Mailing Address PO Box 27790
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272007 Chg-LLC CR2E083 (12/06)

City & State Panama City, FL	City & State Panama City, FL
Zip 32408	Country USA
Zip 32411	Country USA

4. FEI Number 65-1133451	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent MACK, THEODORE E 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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	MGR MACK, THEODORE E 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Paragon Investments, Inc. 545 Wahoo Road Panama City, FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HINSON, JERRY W 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JANSENIUS, ANNETTE B 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEFUNIAK RE, LLC 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input 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
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.

Kenneth P. Gummels, President of Manager

SIGNATURE: *Kenneth P. Gummels* **4/16/2007** **850-233-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #