

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000014730

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



Principal Place of Business
545 WAHOO RD.
PANAMA CITY, FL 32408 US

Mailing Address
PO BOX 27790
PANAMA CITY, FL 32411



01132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133451

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 NORTH 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.

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

TITLE MGR
NAME PARAGON INVESTMENTS, INC.
STREET ADDRESS 545 WAHOO RD.
CITY - ST - ZIP PANAMA CITY, FL 32408

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000000787156
01/17/08-80072-005-138.75

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IN THIS SPACE**

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, PRES.*

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

1/15/2008

Date

850-233-8800

Daytime Phone #