

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014730

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

545 WAHOO RD.
PANAMA CITY, FL 32408 US

New Principal Place of Business:

545 WAHOO RD
PANAMA CITY, FL 32408 US

Current Mailing Address:

PO BOX 27790
PANAMA CITY, FL 32411

New Mailing Address:

FEI Number: 65-1133451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACK, THEODORE E
803 NORTH CALHOUN STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MACK, THEODORE E
803 NORTH CALHOUN ST
TALLAHASSEE, FL 32303 US

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:

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARAGON INVESTMENTS,, INC.
Address: 545 WAHOO RD.
City-St-Zip: PANAMA CITY, FL 32408 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PARAGON INVESTMENTS,, INC.
Address: 545 WAHOO RD
City-St-Zip: PANAMA CITY, FL 32408 US

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

P

01/27/2009

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