


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000014731 1. Entity Name WASHINGTON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.	
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Principal Place of Business 803 N. CALHOUN ST. TALLAHASSEE, FL 32303	Mailing Address 803 N. CALHOUN ST. TALLAHASSEE, FL 32303
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02012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133447

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 ST.
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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MACK, THEODORE E
STREET ADDRESS	803 N. CALHOUN ST.
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	MGR
NAME	HINSON, JERRY W
STREET ADDRESS	803 N. CALHOUN ST.
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	MGR
NAME	JANSENIUS, ANNETTE B
STREET ADDRESS	803 N. CALHOUN ST.
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	MGR
NAME	CHIPLEY RE, L.L.C.
STREET ADDRESS	803 N. CALHOUN ST.
CITY-STATE-ZIP	TALLAHASSEE, FL 32303

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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08/01/05-P00009-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

Jerry Hinson, Manager

SIGNATURE: _____

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

02/15/2005 850-638-4654

Date

Daytime Phone #