



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000014731</b>		
1. Entity Name <b>WASHINGTON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.</b>		
Principal Place of Business <b>803 N. CALHOUN ST. TALLAHASSEE, FL 32303</b>	Mailing Address <b>803 N. CALHOUN ST. TALLAHASSEE, FL 32303</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent		
<b>MACK, THEODORE E 803 N. CALHOUN ST. TALLAHASSEE, FL 32303</b>		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACK, THEODORE E 803 N. CALHOUN ST. TALLAHASSEE, FL 32303	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINSON, JERRY W 803 N. CALHOUN ST. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANSENIUS, ANNETTE B 803 N. CALHOUN ST. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIPLEY RE, L.L.C. 803 N. CALHOUN ST. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: 		
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-1133447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

U00000421793  
02/18/06-80065-021 50.00

Jerry Hinson

Manager

1/24/2006 850-638-4654

Date

Daytime Phone #