

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90056-006-\$50.00-\$50.00

DOCUMENT # L01000014731					
1. Entity Name WASHINGTON COUNTY CONVALESCENT CENTER OPERATIONS, L.L.C.					
Principal Place of Business 803 N. CALHOUN ST. TALLAHASSEE, FL 32303			Mailing Address 803 N. CALHOUN ST. TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box # 545 Wahoo Road Suite, Apt. #, etc.		3. Mailing Address PO Box 27790 Suite, Apt. #, etc.		07 MAY 15 PM 12:36 	
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 65-1133447	
Zip 32408		Country USA		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			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 re-registering)					
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 MGR NAME MACK, THEODORE E STREET ADDRESS 803 N. CALHOUN ST. CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE MGR NAME Paragon Investments, Inc. STREET ADDRESS 545 Wahoo Road CITY-ST-ZIP Panama City, FL 32408	☐ Change ☒ Addition	
TITLE MGR NAME HINSON, JERRY W STREET ADDRESS 803 N. CALHOUN ST. CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGR NAME JANSENIUS, ANNETTE B STREET ADDRESS 803 N. CALHOUN ST. CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGR NAME CHIPLEY RE, L.L.C. STREET ADDRESS 803 N. CALHOUN ST. CITY-ST-ZIP TALLAHASSEE, FL 32303	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)			4/16/2007 850-233-8800 Date Daytime Phone #		