

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01006014733

1. Entity Name

WATERFORD CONVALESCENT CENTER OPERATIONS,
L.L.C.



Principal Place of Business

803 NORTH CALHOUN STREET
TALLAHASSEE FL 32303
US

Mailing Address

803 NORTH CALHOUN STREET
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1133440

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MACK, THEODORE E
STREET ADDRESS 803 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE MGR ☐ Delete
NAME HINSON, JERRY W
STREET ADDRESS 803 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE MGR ☐ Delete
NAME JANSENIUS, ANNETTE B
STREET ADDRESS 803 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE MGRM ☐ Delete
NAME HIALEAH GARDENS RE, L.L.C.
STREET ADDRESS 803 NORTH CALHOUN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000066152
CITY-ST-ZIP 02/26/04-80003-007 50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE:

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

Jerry Hinson, Manager

2/19/2004

850-638-4654

Date

Daytime Phone #