


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000014733</b> 1. Entity Name <b>WATERFORD CONVALESCENT CENTER OPERATIONS, L.L.C.</b>	
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Principal Place of Business <b>803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US</b>	Mailing Address <b>803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US</b>
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02012005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1133440</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MACK, THEODORE E 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MACK, THEODORE E 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HINSON, JERRY W 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JANSENIUS, ANNETTE B 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HIALEAH GARDENS RE, L.L.C. 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/2005-80009-018 50.00

**DO NOT WRITE  
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**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:** Jerry Hinson, Manager **02/15/2005** **850-638-4654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #