


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000014733 1. Entity Name WATERFORD CONVALESCENT CENTER OPERATIONS, L.L.C.	
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Principal Place of Business 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US	Mailing Address 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303 US
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01142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133440	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MACK, THEODORE E 803 NORTH CALHOUN STREET 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, 2006**

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

U00000424796
02/18/06-80065-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Jerry Hinson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Manager** **1/24/2006** **850-638-4654**
Date Daytime Phone #