


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90056-007-\$50.00-\$50.00

DOCUMENT # L01000014733					
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 - No P.O. Box # 545 Wahoo Road		3. Mailing Address PO Box 27790			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 65-1133440	
Zip 32408		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____					
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 NORTH CALHOUN STREET CITY - ST - ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Paragon Investments, Inc. STREET ADDRESS 545 Wahoo Road CITY - ST - ZIP Panama City, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME HINSON, JERRY W STREET ADDRESS 803 NORTH CALHOUN STREET CITY - ST - ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME JANSENIUS, ANNETTE B STREET ADDRESS 803 NORTH CALHOUN STREET CITY - ST - ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME HIALEAH GARDENS RE, L.L.C. STREET ADDRESS 803 NORTH CALHOUN STREET CITY - ST - ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kenneth P. Gummels</i>			4/16/2007		850-233-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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