## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L01000014733

WATERFORD CONVALESCENT CENTER OPERATIONS,



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

543 WAHOO RD.

PO BOX 27790

PANAMA CITY, FL 32408

PANAMA CITY, FL 32411



01132008 No Chg-LLC

CR2E083 (12/07)

850-233-8800

Daytime Phone #

1/15/2008

4. FEI Number	Applied For			
65-1133440		Not Applicable		
5. Certificate of Status Desired		0 Additional Required		

8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept

6. Name and Address of Current Registered Agent

MACK, THEODORE E 803 NORTH CALHOUN STREET TALLAHASSEE, FL 32303

the obligations of registered agent.

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SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE PARAGON INVESTMENTS, INC. NAME STREET ADDRESS 543 WAHOO RD. CITY-ST-ZIP PANAMA CITY, FL 32408 TITLE NAME 01%17/08#80072#90 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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