

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033656

FILED  
Jul 06, 2007  
Secretary of State

**Entity Name:** WILLISTON REHABILITATION AND NURSING CENTER LLC

**Current Principal Place of Business:**

300 NW FIRST AVENUE  
WILLISTON, FL 32696 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TARA ROSENBAUM  
1560 BROADWAY 10TH FLOOR  
NEW YORK, NY 10036

**New Mailing Address:**

FEI Number: 20-4605957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALLSTATE CORPORATE SERVICES CORP.  
653 WEST 23RD STREET  
SUITE 229  
PANAMA CITY, FL 32405 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOGOMILSKY, TZVI  
Address: 7410 BEACHVIEW DRIVE  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOB KARMEI

CFO

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date