


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000000118</b> 1. Entity Name <b>CLAY COUNTY REAL ESTATE INVESTORS, LLC</b>	
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Principal Place of Business <b>3570 KEITH STREET, NW CLEVELAND, TN 37312</b>	Mailing Address <b>3570 KEITH STREET, NW CLEVELAND, TN 37312</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1726763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRC LIFE CARE CENTERS OF AMERICA, INC 3570 KEITH STREET NW CLEVELAND, TN 37312
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<p>U00000683736 04/06/07-80004-011 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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. Clay County Real Estate Investors, LLC By: <i>Joan E. Thurmond</i> , Corporate Manager <b>SIGNATURE:</b> By: <i>Joan E. Thurmond</i> , Assistant Secretary		Date <b>3/29/07</b>	Daytime Phone # <b>(423) 473-5868</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>Joan E. Thurmond</b>			