

2002 UNIFORM BUSINESS REPORT (UBR)

0046070

DOCUMENT # L99000008492

1. Entity Name
ROCKLEDGE CARE, LLC

FILED
02 MAY 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **587 BARTON BLVD. ROCKLEDGE FL 32955**

Mailing Address: **111 W. MICHIGAN STREET MILWAUKEE WI 53203**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number **39-1978968**

Applied For: Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



8/10

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

300005502433--2
-05/10/02--01031--012
1400.00 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHERN HEALTH FACILITIES, INC. 111 WEST MICHIGAN STREET MILWAUKEE WI 53203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS J. HARRIS **SIGNATURE REQUIRED** 4/19/02 414/908-8438

CR2E083 (9/01)