

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVED  
AND  
FILED

04 MAY 18 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000005905**

1. Entity Name  
WINTER HAVEN CARE, LLC



Principal Place of Business

111 W. MICHIGAN ST.  
MILWAUKEE, WI 53203

Mailing Address

111 W MICHIGAN ST.  
MILWAUKEE, WI 53203



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-4321378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

900036557699  
05/18/04--01062--018 \*\*1650.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NORTHERN HEALTH FACILITIES, INC.
STREET ADDRESS	111 W. MICHIGAN ST.
CITY-ST-ZIP	MILWAUKEE, WI 53203

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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:**

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

*Douglas J Harris*

4/27/04

Date

414/908-8000

Daytime Phone #