2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000005906

1. Entity Name
SARASOTA CARE, LLC

Principal Place of Business	Mailing Address
111 W. MICHIGAN ST. MILWAUKEE, WI 53203	111 W. MICHIGAN ST. MILWAUKEE, WI 53203

DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
36-4321370		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

300036557653
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ Douglas J. Harris 4/27/04 414/908-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #