


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L99000005906 1. Entity Name SARASOTA CARE, LLC |  |
|--|---|

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



04212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 36-4321370 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | 000000561552 05/19/06-80019-001 1400.00 |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NORTHERN HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE, WI 53203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: Douglas J Harris 4/27/06 414-908-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #