2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005910

1. Entity Name
ORANGE PARK CARE, LLC

04 MAY 18 PM 2: 16

FILED

APPREVE AND

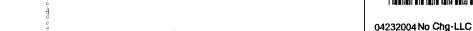
SECRETARY OF STATE TALLAHASSEE, FLORIDA

Fee Required

Principal Place of Business

Mailing Address

111 W. MICHIGAN ST. # MILWAUKEE, WI 53203 111 W MICHIGAN ST MILWAUKEE, WI 53203





 04232004 No Chg-LLC
 CR2E083 (10/03)

 4. FEI Number 36-4321421
 Applied For Not Applicable

 5. Certificate of Status Desired
 \$5.00 Additional

6. Name and Address of Current Registered Agent

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

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	The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
SIC	GNATURE	(NOTE: Registered Agent signature required when reinstating)		DATE
	·	CHANGECTACE		

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

500036557555 05/18/04--01062--018 **1650.00

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				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exe				

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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 adourate 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 AND TYPED OR PRINTED MARKE OF SIGNING MARKNING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/04

419/908-8000

Daytime Phone #