### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L99000005910

1. Entity Name

ORANGE PARK CARE, LLC



Principal Place of Business

Mailing Address

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

### FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90496 001 \*3,607.50



DO NOT WRITE IN THIS SPACE

03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 36-4321421

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

	The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SI	GNATURE	MOT. D.	DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS		
MGRM NORTHERN HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE, WI 53203		

## 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:

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

Kreilein

4/15/08

414-908-8000

Date

Daytime Phone #