

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
AND  
FILED

04 MAY 18 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005912

1. Entity Name  
JACKSONVILLE 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  
36-4321383

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**

400036557494  
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

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 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 #