

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90030 001 *1,400.00

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**

30005597



04222005 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, 2005**

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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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

4/27/05

Date

414-908-8000

Daytime Phone #