


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000005912 1. Entity Name JACKSONVILLE CARE, LLC	
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Principal Place of Business 111 W. MICHIGAN ST. MILWAUKEE, WI 53203	Mailing Address 111 W MICHIGAN ST MILWAUKEE, WI 53203
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04212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4321383	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHERN HEALTH FACILITIES, INC. 111 W MICHIGAN ST. MILWAUKEE, WI 53203
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<p>U00000561546 05/19/06-80019-001 1400.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 #