


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVAL
AND
FILED

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

DOCUMENT # L99000006374 1. Entity Name SOUTH HERITAGE HEALTH & REHABILITATION CENTER, 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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DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-4403592	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

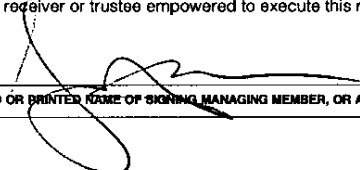
**Filing Fee is \$50.00
Due by May 1, 2004**

100036557421
05/18/04--01062--018 **1650.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W. MICHIGAN ST. MILWAUKEE, WI 53203
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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:  Douglas J Harris 4/27/04 414/908-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #