


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVE
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
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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**

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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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:  Douglas J Harris 4/27/04 414/908-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #