

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90496 001 *3,607.50

DOCUMENT # L99000006374

1. Entity Name
**SOUTH HERITAGE HEALTH & REHABILITATION
CENTER, LLC**



Principal Place of Business

**111 W. MICHIGAN ST.
MILWAUKEE, WI 53203**

Mailing Address

**111 W. MICHIGAN ST.
MILWAUKEE, WI 53203**

30004528



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4321432

Applied For

Not Applicable

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
EXTENDICARE HEALTH FACILITIES, INC.
111 W. MICHIGAN ST.
MILWAUKEE, WI 53203**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Janet A. Kreilein* Janet Kreilein

4/15/08 4/15/08

414-908-8000 414-908-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #