

# 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 # L99000006381**

1. Entity Name  
**WINTER HAVEN HEALTH AND REHABILITATION  
CENTER, LLC**



Principal Place of Business  
**111 W. MICHIGAN ST.  
MILWAUKEE, WI 53203**

Mailing Address  
**111 WEST MICHIGAN STREET  
MILWAUKEE, WI 53203**

**30005593**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number

~~56-4321705~~ **36-4321792**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Douglas J. Harris*

*4/27/05*

Date

*414-708-8000*

Daytime Phone #

(IRS USE ONLY) 575C 364321792 10-21-1999 WINT B 0950505144 SS-4

ATTACHMENT

30005593  
#L99000006381

Please use the label IRS provided when filing tax documents and FTD coupons when making FTD payments. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

WINTER HAVEN HEALTH AND  
REHABILITATION CENTER LLC  
% NORTHERN HEALTH FACILITIES INC  
111 W MICHIGAN ST  
MILWAUKEE WI 53203

If this information isn't correct, please correct it using the bottom part of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 C (Rev. 1-1995)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 C

0950505144

Your Telephone Number  
(414) 908-8169

Best Time to Call  
8:00-5:00

DATE OF THIS NOTICE: 10-21-1999  
EMPLOYER IDENTIFICATION NUMBER: 36-4321792  
FORM: SS-4

INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

Extendicare Health Facilities, Inc.  
FED: 39-1045271

WINTER HAVEN HEALTH AND  
REHABILITATION CENTER LLC  
~~% NORTHERN HEALTH FACILITIES INC~~  
111 W MICHIGAN ST  
MILWAUKEE WI 53203