2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2007 08:00 A Secretary of State

ANNUAL REPORT			Se	cretary of S
DOCUMENT # L9900006381 1. Entity Name WINTER HAVEN HEALTH AND REHABILITATION CENTER, LLC				
ce of Business HGAN ST. , WI 53203	Mailing Address 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203		; ; } 	1188 B886 1100 IOU 1100 II 1111 III 1111
		CE		A2E083 (11/05) Applied For Not Applicable \$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		
lions of registered agent.			, DA	16
iling Fee Is \$50.00 ue by May 1, 2007			09000073 05/08/07-80i	0128 067-001 1400.00
MGRM				
	MENT # L990000 THE HAVEN HEALTH AND R. LLC THE OF BUSINESS HIGAN ST. IN WI 53203 ONOT WRI 6. Name and Address of Curl CUMENT SERVICES, INC S STREET SSEE, FL 32301 The named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. MIGRIM EXTENDICARE HEALTH FA 111 W MICHIGAN ST.	MENT # L9900006381 THAVEN HEALTH AND REHABILITATION R. LLC THE OI BUSINESS HIGAN ST. WI 53203 Mailing Address HIGAN ST. WI 53203 MILWAUKEE, WI 53203 THE ST MICHIGAN STREET MILWAUKEE, WI 53203 MILWAUKEE, WI 53203 MILWAUKEE, WI 53203 MILWAUKEE, WI 53203 THE ONLY OF THE OIL THE PURPOSE OF CHANGING HIS REGISTER STREET SSEE, FL 32301 Managing Members/Managers MILWAUKEE, WI 53203 MANAGING MEMBERS/MANAGERS MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W MICHIGAN ST.	HAVEN HEALTH AND REHABILITATION C. LLC De of Business Mailing Address 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent CUMENT SERVICES, INC. S STREET SSEE, FL 32301 Sphaline, lyped of pinied name of registered agent and tile if applicable (NOTE: Registered Agent signature of the purpose of changing its registered office or registered into sol registered agent. Signature, lyped of pinied name of registered agent and tile if applicable (NOTE: Registered Agent signature required tiling Fee Is \$50.00 We by May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W MICHIGAN ST.	MENT # L99000006381 THE HAVEN HEALTH AND REHABILITATION R. LLC THE OI BUSINESS Mailing Address HIGAN ST. 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203 THE STREET STREET SEEL, FL 32301 TO NOT WRITE IN THIS SPACE O1062007 No Chg-LLC CR 4. FEI Number 36-4321792 5. Certificate of Status Desired CLUMENT SERVICES, INC. S STREET SEEE, FL 32301 THIS SPACE ONOT WRITE IN THIS SPACE ON NOT WRITE IN THIS

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 eath; 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:

NAME STREET ADDRESS

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

Date

414-908-809