

**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 # L99000008024**

1. Entity Name  
**FIRST COAST HEALTH & REHABILITATION CENTER,  
LLC**



Principal Place of Business

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

Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**36-4329440**

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**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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:** \_\_\_\_\_

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

*Douglas J. Harris*

*4/27/2005*

*414-908-8000*

Date

Daytime Phone #