

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 13 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008027			
1. Entity Name ARBORS AT BAYONET POINT, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 8132 HUDSON AVENUE Suite, Apt. #, etc.		3. Mailing Address 8132 HUDSON AVENUE Suite, Apt. #, etc.	
City & State HUDSON FL		City & State HUDSON, FL	
Zip 34667	Country USA	Zip 34667	Country USA
DO NOT WRITE IN THIS SPACE		4. FEI Number 36-4329444	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name LEXIS DOCUMENT SERVICE			
Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD			
City TALLAHASSEE		Zip Code FL 32311	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORTHERN HEALTH FACILITIES, INC 111 W MICHIGAN STREET MILWAUKEE, WI 53203	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DOUGLAS J. HARRIS 4/17/03 414/908-8000 Date Daytime Phone #	

CR2034B (12/02)