

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# L99000008474

Entity Name: COLONIAL CARE, LLC

Current Principal Place of Business:

111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

New Principal Place of Business:

Current Mailing Address:

111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

New Mailing Address:

FEI Number: 39-1978966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EXTENDICARE HEALTH FACILITIES, INC.
Address: 111 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROCH CARTER

VP

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date