

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #L99000008474		
1. Entity Name COLONIAL CARE, LLC		

Principal Place of Business 6300 46 AVENUE NORTH ST. PETERSBURG, FL 33709	Mailing Address 111 WEST MICHIGAN STREET MILWAUKEE, WI 53203
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2. Principal Place of Business 111 W. Michigan St.	3. Mailing Address Suite, Apt. #, etc.
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City & State Milwaukee, WI	City & State
Zip 53203	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 39-1978966	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	

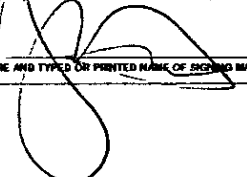
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when submitting) DATE _____



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 W. MICHIGAN STREET MILWAUKEE, WI 53203 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 606, Florida Statutes.

SIGNATURE:  Douglas J. Harris 9/18/03 414-908-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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