2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

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

DOCUMENT # L99000008476 1. Enlity Name GREENBRIAR CARE, LLC	
Principal Place of Business Mailing Address 111 W. MICHIGAN ST. MILWAUKEE, WI 53203 MILWAUKEE, WI 53203	
DO NOT WRITE IN THIS SPA	01062007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required
LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Fiorida. 1 am familiar with, and accept
the obligations of registered agent. SIGNATURE	ed Agen(signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007	900000730104 05/08/07-80067-001 1400.00
9. MANAGING MEMBERS/MANAGERS IIILE MGRM NAME EXTENDICARE HEALTH FACILITIES, INC. STREET ADDRESS CHY-SI-ZIP MILWAUKEE, WI 53203 TITLE - NAME SIREET ADDRESS CHY-SI-ZIP IIILE NAME SIREET ADDRESS CITY-ST-ZIP IIILE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE Indicated on this report is true and accurate and that my signature shall have the sam imitted liability company or the receiver or trustee empowered to execute this report a	emptions contained in Chapter 119, Florida Statutes. I further certify that the information to legal effect as if made under oath, that I am a managing member or manager of the