2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

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

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1. Entity Na	JMENT # L9900008477 BROOK CARE, LLC		
111 W. MIC	ace of Business Mailing Address CHIGAN ST. 111 W. MICHIGAN ST. E, WI 53203 MILWAUKEE, WI 53203		T INCOME TO BUT LOTTE COME COME NOTE NOTE TO BUT TO BUT TO BUT THE TRUE THE
I	DO NOT WRITE IN THIS SPA	CE	01062007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For St. 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
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privided name of registered agent and life of approache. (NOTE: Registered Agent signature required when renstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007			000000730094 05/08/07-80067-001 1400.00
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBERS/MANAGERS MGRM EXTENDICARE HEALTH FACILITIES 111 W. MICHIGAN ST. MILWAUKEE, WI 53203		DO NOT WRITE IN THIS SPACE
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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			