2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L99000008478

1. Entity Name HERITAGE CARE, LLC



Principal Place of Business

111 W. MICHIGAN STREET MILWAUKEE, WI 53203

SIGNATURE:

Mailing Address

111 W. MICHIGAN STREET MILWAUKEE, WI 53203

FILED May 05, 2005 8:00 am Secretary of State

05-05-2005 90030 001 *1,400.00

4100000



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
39-1978989		Not Applicable
	- 65	nn Additional

Certificate of Status Desired

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

8. The above the obligation	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered office or registered agent, or both, in the State of Floric	fa. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	EXTENDICAREHEALTH FACILITIES, INC.			
STREET ADDRESS	111 W. MICHIGAN STREET			
CITY-ST-ZIP	MILWAUKEE, WI 53203			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS		DO NOT W	DITE	
CITY-ST-ZIP			1116	
TITLE		IN THIS SPA	∆CF	
NAME		1		
STREET ADDRESS				
CiTY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP		Ī		
	partiful that the information of malind with this file.	I A Continue of the Continue o		
indicated limited lia	zertify that the information supplied with this filing does not q on this report is true and accurate and that my signature sh bilify company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I ft, all have the same legal effect as if made under oath; that I am a managin sute this report as required by Chapter 608, Florida Statutes.	urther certify that the information g member or manager of the	