2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

AND FILFE DOCUMENT # L99000008479 1. Entity Name LADY LAKE CARE, LLC 04 MAY 18 PM 2: 14 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 111 W. MICHIGAN ST. 111 W. MICHIGAN STREET MILWAUKEE, WI 53203 MILWAUKEE, WI 53203 04232004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 39-1978988 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 6. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 100036557181 05/18/04--01062--018 **1650.00 Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM EXTENDICARE HEALTH FACILITIES, INC. NAME 111 W. MICHIGAN STREET STREET ADDRESS CITY-ST-ZIP MILWÄUKEE, WI 53203 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME

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 608, Florida Statutes.

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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

414/908-800

AMPING IL