2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

W 10/08

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 12:48

DOCUMENT # L99000008479

1. Entity Name
LADY LAKE CARE, LLC

Principal Place of Business	Mailing Address
630 GRIFFIN AVE.	111 W. MICHIGAN STREET
LADY LAKE, FL 32159	MILWAUKEE, WI 53203

2. Principal Place of Business: 111 W. Michigan St.
Suite, Apt. #, etc.:
City & State: Milwaukee, WI
Zip: 53203 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 39-1978988 ☐ 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTHERN HEALTH FACILITIES, INC. 111 W. MICHIGAN STREET MILWAUKEE, WI 53203 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Extendicare Health Facilities, Inc. 111 W. Michigan St. Milwaukee, WI 53203 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 608, 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 #