

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000008484

1. Entity Name
NEW HORIZON CARE, LLC



Principal Place of Business

**111 W. MICHIGAN ST.
MILWAUKEE, WI 53203**

Mailing Address

**111 W. MICHIGAN STREET
MILWAUKEE, WI 53203**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
39-1978984

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EXTENDICARE HEALTH FACILITIES, INC.
111 WEST MICHIGAN ST.
MILWAUKEE, WI 53203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**000036557270
05/18/04--01062--018 **1650.00**

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Douglas J Harris

4/27/04

414/908-8000