


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008484</b> 1. Entity Name NEW HORIZON CARE, LLC	
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Principal Place of Business 111 W. MICHIGAN ST. MILWAUKEE, WI 53203	Mailing Address 111 W. MICHIGAN STREET MILWAUKEE, WI 53203
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04212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 39-1978984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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, 2006**

U00000561571  
05/19/06-80019-001 1400.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EXTENDICARE HEALTH FACILITIES, INC. 111 WEST MICHIGAN ST. MILWAUKEE, WI 53203
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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.

**SIGNATURE:**

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

Date

Daytime Phone #

*Douglas J Harris* 4/27/06 414-208-8000