


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 MAY 18 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008488 1. Entity Name NORTH REHABILITATION CARE, LLC	
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Principal Place of Business 111 W. MICHIGAN ST. MILWAUKEE, WI 33705	Mailing Address 111 W. MICHIGAN ST. MILWAUKEE, WI 33705
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 39-1978982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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 111 W. 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 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 4/27/04 414/908-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #