

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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AND
FILED

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

DOCUMENT # L99000008492

1. Entity Name
ROCKLEDGE CARE, LLC



Principal Place of Business

111 W. MICHIGAN ST.
MILWAUKEE, WI 53203

Mailing Address

111 W. MICHIGAN ST.
MILWAUKEE, WI 53203



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1978968

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**

300036557403
05/18/04--01062--018 **1650.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
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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

Douglas J Harris

Date

4/27/04

Daytime Phone #

414/908-8000