


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90043 017 ****50.00

DOCUMENT # L01000007451

1. Entity Name
 LAKE FOREST, L.C.



20016134

Principal Place of Business
 4811 S. 76TH STREET SUITE 211
 GREENFIELD, WI 53221

Mailing Address
 PO BOX 137
 GREENDALE, WI 53129



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 4811 S. 76th St
 Suite, Apt. #, etc.
 SUITE 211

City & State
 GREENFIELD WI

Zip
 53220

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 58-2569064

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORLIZZO, ROBERT A
 2903 RIGSBY LANE
 SAFETY HARBOR, FL 34695

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLYTTER, ROBERT O 4811 S. 76TH STREET SUITE 211 GREENFIELD, WI 53221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert O Schlytter ROBERT O SCHLYTTER 2/28/2005 414-281-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #