


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-28-2005 90043 018 ****50.00

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| DOCUMENT # M01000002253 | | | |  | |
| 1. Entity Name ROS NO. 18 LLC | | | | | |
| Principal Place of Business 5111 S. 76TH ST., 2ND FLOOR GREENDALE, WI 53129 | | | Mailing Address 5111 S. 76TH ST., 2ND FLOOR GREENDALE, WI 53129 | | |
| 2. Principal Place of Business 4811 S. 76th St | | 3. Mailing Address 4811 S. 76th St | | | |
| Suite, Apt. #, etc. SUITE 211 | | Suite, Apt. #, etc. SUITE 211 | | | |
| City & State GREENFIELD WI | | City & State GREENFIELD WI | | | |
| Zip 53220 | | Country | | Zip 53220 | |
| Country | | Country | | | |
| 4. FEI Number 58-2568337 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent FORLIZZO, ROBERT A ESQ. 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 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, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE MGR NAME SCHLYTTER, ROBERT O STREET ADDRESS 5111 S. 76TH ST., 2ND FLOOR CITY-ST-ZIP GREENDALE, WI 53129 | | | TITLE NAME STREET ADDRESS 4811 S. 76th St SUITE 211 CITY-ST-ZIP GREENFIELD WI 53220 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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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 2/25/05 44-281-6000 | | | | | |