



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-28-2005 90043 016 \*\*\*\*50.00

<b>DOCUMENT # L03000008673</b> 1. Entity Name <b>ROBERT SCHLYTTER, L.L.C.</b>					
Principal Place of Business <b>5111 SOUTH 76TH STREET GREENDALE, WI 53129</b>			Mailing Address <b>5111 SOUTH 76TH STREET GREENDALE, WI 53129</b>		
2. Principal Place of Business <b>4811 S. 76th ST</b> Suite, Apt. #, etc. <b>SUITE 211</b> City & State <b>GREENFIELD WI</b> Zip <b>53220</b>		3. Mailing Address <b>4811 S. 76th ST</b> Suite, Apt. #, etc. <b>SUITE 211</b> City & State <b>GREENFIELD WI</b> Zip <b>53220</b>			
01172005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>55-0861714</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STROSS, HOWARD C 1801 PEPPER TREE DRIVE OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		Make check payable to <b>Florida Department of State</b>		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SCHLYTTER, ROBERT</b> <b>PO BOX 137</b> <b>GREENDALE, WI 53129</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4811 S. 76th ST SUITE 211</b> <b>GREENFIELD WI 53220</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Robert Schlytter</b> <b>ROBERT SCHLYTTER</b> <b>2/25/2005</b> <b>414/28-6000</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					