2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000091211

1. Entity Name

ROCHELLE HOLDINGS XII, LLC



FILED
Apr 30, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BLVD. STE. 820 ORLANDO, FL 32810

1900 SUMMIT TOWER BLVD. STE. 820 ORLANDO, FL 32810



DO NOT WRITE IN THIS SPACE

01082008No Chg-LLC CR2E083 (12/07)

I. FEI Number		Applied For
74-3189372		Not Applicable
. Certificate of Status Desired		Additional additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

PAYNE, CONNIE JO 1900 SUMMIT TOWER BLVD. STE. 820 ORLANDO, FL 32810 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.	n
S	GNATURE	

(NOTE: Bedistered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, CONNIE JO 1900 SUMMIT TOWER BLVD. STE. 820 ORLANDO, FL 32810
THILE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000935812 05/23/08-80037-010 138.75

DATE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

RE AND TYPED OR PRINTED NAME OF BIGNING MANADING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-08

107-875-3400

Daytime Phone #