

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

REC'D FEB 17 2004



DOCUMENT # M01000000362

1. Entity Name
 ROS NO. 12 LLC

Principal Place of Business: P.O. BOX 137, GREENDALE WI 53129
 Mailing Address: P.O. BOX 137, GREENDALE WI 53129



MOORE CR2E083 (11/03)

2. Principal Place of Business
 Suite, Apt #, etc.
 City & State

3. Mailing Address
 Suite, Apt #, etc.
 City & State

4. FEI Number **39-1977447**
 Applied For: Not Applicable

Zip Country Zip Country

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
PTS SCHLYTTER, MARION C P O BOX 137 GREENDALE WI 53129-0137	<input type="checkbox"/>	U000000077991 03/08/04-80009-022 50.00	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: *Marion C. Schlytter* **MARION C SCHLYTTER** 3/1/2004 414-291-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #