



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-28-2005 90043 019 \*\*\*\*50.00

DOCUMENT # M01000000362					
1. Entity Name ROS NO. 12 LLC					
Principal Place of Business P.O. BOX137 GREENDALE, WI 53129			Mailing Address P.O. BOX137 GREENDALE, WI 53129		
2. Principal Place of Business 4811 S. 76th St Suite, Apt. #, etc. SUITE 211 City & State GREENFIELD WI Zip 53220		3. Mailing Address 4811 S. 76th St Suite, Apt. #, etc. SUITE 211 City & State GREENFIELD WI Zip 53220		20016132 	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01172005 Chg-LLC CR2E083 (10/03) 4. FEI Number 39-1977447 Applied For Not Applicable	
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	PTS SCHLYTTER, MARION C P O BOX 137 GREENDALE, WI 531290137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4811 S. 76th SUITE 211 GREENFIELD WI 53220	
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.					
SIGNATURE: <i>Marion C Schlytter</i>			MARION C SCHLYTTER 2/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		