


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PH 2:48 <span style="float: right; font-size: 1.2em;">4313</span>	
<b>FILING FEE \$ 188.75</b>		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000263</b>  BARUS INVESTMENTS LLC 10550 SW ALLEN BLVD. SUITE 100 BEAVERTON OR 97005		1a. Principal Place of Business Address  10550 SW ALLEN BLVD. SUITE 100 BEAVERTON OR 97005			
2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified 03/08/1996	
				3a. State of Formation FL	
				4. FEI Number 93-1200467	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 09/02/1997	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			900002447399--4 -03/04/98--01112--011 ****188.75 ****188.75 FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title      Managing Members/Managers      Business Street Address      City, State and Zip Code					
MGRM      BARNARD, JAMES      10550 SW ALLEN BLVD., #100      BEAVERTON OR					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>James Barnard Manager</i> 2/24/98      503-641-8337 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #					