



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p><i>FILED</i> SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p><i>12/17</i> 96 DEC 13 AM 10:43</p>	
1. Name of Limited Partnership DORFAM LIMITED		1a. DOCUMENT # A94000001038			
Mailing Address C/O KRISTEL A. DORION 2085 SE MARKET ST. - PORTLAND, OR 97214 -		Principal Office Address C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		3. Date Formed or Registered 07/29/1994 3a. Date of Last Report 12/19/1995 4. State or Country of Formation FL	
2. Mailing Address 31245 SW Metolius Court Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$300,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$300,000.00	
City & State Wilsonville, OR Zip 97070 Country		City & State Zip Country		6. FEI Number 65-0607077 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) DORION, KRISTEL A		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3604 SOUTHEAST MORRIS		11b. City, State & Zip Code PORTLAND OR 97214	
11c. Registration/Document Number		12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE <i>Kristel A. Dorion, president</i> DATE <i>Dec 5, 1996</i> Typed or Printed Name of General Partner Signing Form KRISTEL A. DORION, PRESIDENT Daytime Telephone Number (503) 682-2279					

CR2E003 (6/96)