

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001976 ✓ 1. Entity Name NW OREGON, LTD. ✓	
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Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803	Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ✓ ORLANDO FL 32803
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3466894 ✓	☐ (Applied For) ☐ (Not Applicable)
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHRIMSHER, J. STEVEN ✓ 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803

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.

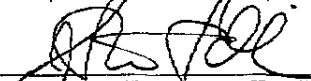
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable. **DATE** _____

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000031988	STREET ADDRESS	
NAME	RIFE PROPERTIES, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	427 S JUTH NEW YORK AVENUE		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #	P96000086295	STREET ADDRESS	11000000482673
NAME	SCHRIMSHER INVESTMENTS CORPORATION ✓	CITY-ST-ZIP	04/11/06-80082-017 500.00
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100		
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **J. Steven Schrimsher 11/8/06 407-423-7620**

STAPLE CHECK HERE