2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90540 044 ****50.00

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1. Entity Name
631 ATRIUM, LLC

Principal Place of Business	Mailing Address
1825 PALISADES TERRACE LAKE OSWEGO, OR 97034	1825 PALISADES TERRACE LAKE OSWEGO, OR 97034

2005...

03102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
631 US Highway One	4000 Kruse Way Place
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.: Bldg 1 Ste. 250
City & State: North Palm Beach, FL	City & State: Lake Oswego OR
Zip: 33408 Country:	Zip: 97035 Country:

4. FEI Number: 20-0949385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, ALVS NAGLER 701 U.S. HWY ONE STE. 402 PALM BEACH, FL 33408	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. (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	MGRM ☐ Delete HAYDEN, RICHARD A 1825 PALISADES TERRACE LAKE OSWEGO, OR 97034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4000 Kruse Way Place, Bldg 1 Ste 250 Lake Oswego OR 97035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/14/05 (503) 697-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #