
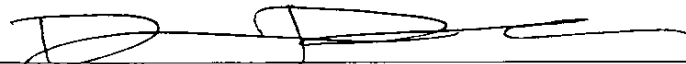


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90200 015 ****50.00

DOCUMENT # L05000035319			
1. Entity Name CHRISTIAN PROPERTY MANAGMENT L.L.C.			
Principal Place of Business 109 A 2ND STREET ST. AUGUSTINE FL 32080		Mailing Address 4817 N. HARVARD STREET PORTLAND OR 97203	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 5554	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Portland, OR	
Zip	Country	Zip 97228	Country
6. Name and Address of Current Registered Agent DIEDRICH, DAMIAN C 109 A 2ND STREET ST. AUGUSTINE FL 32080		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 _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM DIEDRICH, DAMIAN C 4817 N. HARVARD STREET PORTLAND OR 97203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: 		Date: 2-7-07	Daytime Phone #: (503) 516-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



1st MOORE CR2E083 (10/06)

4. FEI Number 56-2508481 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required