2006 LIMITED LIABILITY COMPANY

FILED Jan 31, 2006 08:00 AM Secretary of State

ANNUAL REPORT			
DOCUMENT # M0000002639 1. Entity Name BRENDEN FAMILY L.L.C.			
Principal Place of Business	Malling Address		
2250 MCGILCHRIST ST SE SALEM, OR 97302	PO BOX 14111 ATTN: DEBBIE PARSONS		



DO NOT WRITE IN THIS SPACE

SALEM, OR 97309

01122006No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 93-1211030 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chamons of registered agent.	iging its registered office or registered agent, or be	oth, in the State of Fforida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered agent and this if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
Fi D:	ling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENDEN, NORMAN L 2250 MCGILCHRIST ST SE SALEM, OR 97302		
TITLE NAME STREET AOORESS EXTY-ST-2XP			4 WANTA V24 12 /
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP

ANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

^{11.} Thereby 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 oally, 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.