


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002350</b> <small>1. Entity Name</small> RLA HOLDINGS, LLC	
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<small>Principal Place of Business</small> 410 CHAMBERS STREET EUGENE OR 97402	<small>Mailing Address</small> 410 CHAMBERS STREET EUGENE OR 97402
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>
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<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
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<small>City &amp; State</small>	<small>City &amp; State</small>
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<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
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1st MOORE      CR2E083 (10/05)

<small>4. FEI Number</small> <b>NO-T APPLICABLE</b>	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

<b>7. Name and Address of New Registered Agent</b>
<small>Name</small>
<small>Street Address (P.O. Box Number is Not Acceptable)</small>
<small>City</small> <span style="float: right;"><b>FL</b> <small>Zip Code</small></span>

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.

<small>SIGNATURE</small>	<small>DATE</small>
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small>	MGRM <input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	ANDERSON, RONALD L	<small>NAME</small>	
<small>STREET ADDRESS</small>	410 CHAMBERS STREET	<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	EUGENE OR 97402	<small>CITY-ST-ZIP</small>	000000417929 02/13/06-80077-001 50.00
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete	<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>		<small>NAME</small>	
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>	

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.

<b>SIGNATURE:</b> 	January 31, 2006	541-686-0012
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