

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # M02000002507				,5 5 5 5	J = 72 2002
Description Descripti				:	
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Principal Plac	e of Business	Mailing Address			
515 N.W. SALTZMAN RD., #757 515 N.W. SALTZMAN RD., #75 PORTLAND, OR 97229 PORTLAND, OR 97229		'57			
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				nddnoodable Che LLC	CD0E002 (40/02)
	O NOT WRITE	IN THIS SPA	CF	01122004No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 93-1293811	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			
PICCHET	TI FRIC			DO NOT W	
PICCHETTI, ERIC 3109 GRAND AVENUE #477				DO NOT W	Laborate and the second
COCONU	T GROVE, FL 33133			IN THIS SP	ACE
i 		_	lenseenskileled		
	named entity submits this statement tions of registered agent.	for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
	nons or registered agent.			<u></u>	· • • • • • • • • • • • • • • • • • • •
SIGNATURE.	Signature, typed or printed name of registered agor	t and title if applicable. (NOTE: Registe	ered Agent signature required	(when reinstaling)	DATE
	iling Fee is \$50.00 ue by May 1, 2004				s - ·
9.	MANAGING MEME	BERS/MANAGERS	· Landa didi adda didi.	paparan kalendar makan mengalan keresa	
TITLE	MGRM				
NAME STREET ADDRESS	KEIZER, JOSEPH 515 N.W. SALTZMAN RD #757				1009701
CITY-ST-ZIP	PORTLAND, OR 97229	<u> </u>		and the second s	80075-001 50.00
TITLE NAME	MGRM PICCHETTI, ERIC			an de esko de poblición de la compania. Antida esta de la compania de la c	
STREET ADDRESS	3109 GRAND AVENUE E477				
CITY+ST-ZIP	COCONUT GROVE, FL 33133	<u></u>			
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP			To this.	DO NOT W	RITE
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NAME				i i il i i i i i i i i i i i i i i i i	
STREET ADDRESS CITY-ST-ZIP	Į.			* 14 * † 1 4 1 1 1 † † 1	of the Color of the Color
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TITLE		3			
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NAME					

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

//14/04 503-292-1/54 Dayling Phone #