

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M07000001201

**FILED**  
**Sep 10, 2012**  
**Secretary of State**

**Entity Name:** HARVEST GENERAL PARTNER II LLC

**Current Principal Place of Business:**

5885 MEADOWS RD., SUITE 500  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 97035 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1700  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 970358646 US

**New Mailing Address:**

**FEI Number:** 20-8462223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HARVEST MEZZANINE II LLC  
**Address:** 5885 MEADOWS RD., SUITE 500  
**City-St-Zip:** LAKE OSWEGO, OR 97035 US

**Title:** CEO  
**Name:** CALLISON, JACK R JR  
**Address:** 5885 MEADOWS RD SUITE 500  
**City-St-Zip:** LAKE OSWEGO, OR 97035 US

**Title:** CFO  
**Name:** SHANABERGER, SCOTT  
**Address:** 5885 MEADOWS RD SUITE 500  
**City-St-Zip:** LAKE OSWEGO, OR 97035 US

**Title:** S  
**Name:** WOOD, RANDY S  
**Address:** 5885 MEADOWS RD SUITE 500  
**City-St-Zip:** LAKE OSWEGO, OR 97035 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LEAH R KUOR, ASSISTANT SECRETARY

AS

09/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date