


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90071 033 \*\*\*138.75

<b>DOCUMENT # M07000001202</b> 1. Entity Name <b>HARVEST GENERAL PARTNER I LLC</b>					
Principal Place of Business <b>2250 MCGILCHRIST S.E. SALEM, OR 97302</b>			Mailing Address <b>2250 MCGILCHRIST S.E. SALEM, OR 97302</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 consulting)					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARVEST MEZZANINE I LLC 2250 MCGILCHRIST S.E. SALEM, OR 97302		<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete         </div>		<div style="text-align: right;"> <input type="checkbox"/> Change   <input type="checkbox"/> Addition         </div>		
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11. I hereby 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 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> <u>Donald K. Harris</u>			Date: <u>2-8-08</u> Daytime Phone #: <u>503-370-7011</u>		

30002231



01222008    Cng-LLC    CR2E083 (12/06)

4. FEE Number  
20-8462212    Applied For  
Not Applicable

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