



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee		FILED 97 JAN 31 AM 11:09	
Check Payable To: FLORIDA DEPARTMENT OF STATE		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 9500000054 R & F LIMITED LIABILITY COMPANY, LIMITED C OMPANY 2250 MCGILCHRIST STREET SE, SUITE 400 SALEM OR 97302		1a. Principal Place of Business Address 2250 MCGILCHRIST STREET SE, S SALEM OR 97302	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Organized or Qualified		3a. State of Formation	
03/02/1995		OR	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
93-1167270			
5. Date of Last Report		6. Certificate of Status Desired	
03/04/1996		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FALCON FINANCIAL COR,	2250 MCGILCHRIST STREET SE SALEM OR	
			200002080252--4 -02/06/97--01062--003 ****203.75 ****203.75 
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. <i>Falcon Financial Corp., Manager</i>			
SIGNATURE: <i>By: [Signature]</i> , Bruce D. Thorn		1-27-97 (503) 370-7070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	