


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -1 AM 10:36	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY 2250 MCGILCHRIST STREET SE, SUITE 400 SALEM OR 97302 <i>94-AR CM</i>				1a. Principal Place of Business Address 2250 MCGILCHRIST STREET SE, SALEM OR 97302	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address <i>P.O. Box 14111</i> Suite, Apt. #, etc. <i>Attn: Dellane Colson</i> City & State <i>Salem, OR</i> Zip <i>97309</i> Country <i>USA</i>		3. Date Organized or Qualified 03/02/1995 3a. State of Formation OR 4. FEI Number 93-1167270 5. Date of Last Report 03/16/1998 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office 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 _____ <small>(Registered Agent Accepting Appointment) (NOT Registered Agent Signature required when appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FALCON FINANCIAL COR,	2250 MCGILCHRIST STREET SE		SALEM OR <i>300002801763</i> <i>-03/11/99--01008--009</i> <i>****188.75 ****188.75</i>	
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. SIGNATURE: <i>B.D. Thorn</i> , <i>2/23/99</i> <i>(503) 970-7071 x7209</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY/MANAGER/MEMBER OR MANAGER</small> <i>Secretary of Falcon Financial Corp.</i>					