

Mary 110
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000054

1. Entity Name

R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY

FILED

00 JAN 24 AM 11:15

Principal Place of Business

2250 MCGILCHRIST STREET SE, SUITE 400
SALEM OR 97302

Mailing Address

ATTN: DELLANE COLSON
P.O. BOX 14111
SALEM OR 97309-5026

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-1167270

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. 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)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **FALCON FINANCIAL CORP.**
CITY-ST-ZIP **2250 MCGILCHRIST STREET SE, SUITE 400
SALEM OR 97302**

TITLE ☐ Change ☐
NAME **900003118999**
STREET ADDRESS **-02/01/00--01100--026**
CITY-ST-ZIP *******50.00 *****50.**

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TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MANAGER

Bruce D. Rhorn, Secretary
FALCON Financial Corp.
Manager

Date

Daytime Phone #

1/18/00

503/370-70