

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000054

1. Entity Name

R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY

FILED

01 JAN 29 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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 Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003624124--4  
CITY-ST-ZIP -02/02/01--01031--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bruce D Thorn

1/24/01

Date

503 370 7071  
x 7209

Daytime Phone #

CR2E083 (11/00)