2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M95000000054

R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY



FILED Feb 07, 2005 08:00 AM **Secretary of State**

Principal Place of Business

2250 MCGILCHRIST STREET SE, SUITE 400 SALEM, OR 97302

Mailing Address

PO BOX 14111 ATTN: DEBBIE PARSONS **SALEM, OR 97309**



DO NOT WRITE IN THIS SPACE

01272005No Chg-LLC CR2E083 (10/03)

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

C T CORPORATION SYSTEM

DO NOT WRITE

PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its registers			IN THIS SPACE or registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations	tions of registered agent.	- 		
	Signature, typed or printed name of registered agent and title if applicable. Illing Fee is \$50.00 ue by May 1, 2005	(NOTE, Registered Agent sig	alture required when reinstaling) OATE	
9,	MANAGING MEMBERS/MANAGERS		and the second s	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FALCON FINANCIAL CORP. 2250 MCGILCHRIST STREET SE, SUITE 400 SALEM, OR 97302		1100000219500 02/08/05-80028-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	↑ ₽₽\₽₽\₽\$\₽\$\₽\$\########################	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE