

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 019 ****50.00

DOCUMENT # M95000000054

1. Entity Name
R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY



Principal Place of Business
2250 MCGILCHRIST STREET SE, SUITE 400
SALEM, OR 97302

Mailing Address
PO BOX 14111
ATTN: DEBBIE PARSONS
SALEM, OR 97309



2. Principal Place of Business - No P.O. Box #
2260 McGilchrist St SE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
Attn: Mary Casqueiro
City & State

07052007 Chg-LLC CR2E083 (12/06)

City & State
Salem OR

City & State

4. FEI Number
93-1167270

Applied For
Not Applicable

Zip
97302

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2260 McGilchrist Street SE

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

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Norman L. Brenden 7-6-07