2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9500000054

R & F LIMITED LIABILITY COMPANY, LIMITED COMPANY



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90079 018 ****50.00

Principal Plac	e of Business	Mailing Addres	s							
2250 MCGILCH SALEM OR 973	RIST STREET SE SUITE 400	ATTN: DELLANE	COLSON	1964-1967			20018	183_	Support & Orbbian Inc.	
SALEM OR 97		P.O. BOX 14111 SALEM OR 9730	9 1 1 3			in the law of the same	计算过程存储	unc wen	316.33	ei.
6 Dinainal C	No	T 6 14-10 6 34-		Later and the same and the state of the						ĵ.
2. Principal Place of Business		3. Mailing Addr	3. Mailing Address			1	OBINI SONI BONI	HIIII IHIII H	(II) III (33)	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number Q3-1167270 Applied For				
		Oity & State			4. F21140III	ber 93-116727 (J 	<u> </u>	ot Applicable	
Zip Country		Zip	Zip Cou		5. Certificat	e of Status Desired	□ \$	5.00 Add	ditional ad	
	6. Name and Address of Curre	nt Registered Agent	gistered Agent		7. Name and Address of New Registered Agent					1
СТ	CORPORATION SYSTEM	تت گسمه حدد		Name	معا ستعانيات	سينا بإراسيس	يُسِيدُ بُدُ سُو يُ	J=]
120	O SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLA	NTATION FL 33324									1
				City			FL	Zip Cod	le	1
8 The above	named entity submits this statement	for the nurnose of ch	anging its regist	ered office or regis	stered agent, or b	oth, in the State of Flo		miliar with	and accent	-{
	ions of registered agent.	nor the purpose of cit	anging to region	oroa ames or regio	norda agont, or s	our, maijo otato or mo	Tea Tea Tea	,	and doodp.	
SIGNATURE .	Signature, typed or printed name of registered age	and and title if explicable	(NOTE: Begint	ered Agent signature requ	irod when eninetating)		DATE			
 ,	Signature, typed or printed figure or registered age	··· ·1				·	DAIL			1
		II		l FEE IS \$50.0 Florida Departn						
				May 1, 2003						
9. MANAGING MEMBERS/MAN			10	0.		ADDITIONS/	CHANGES			1.
TITLE				TLE	<u></u>			Change	☐ Addition	3
NAME FALCON FINANCIAL CORP. STREET ADDRESS 2250 MCGILCHRIST STREET SE, SUITE 400				AME Treet address						1
CITY-ST-ZIP	SALEM OR 97302	3E, 30HE 400		ITY-ST-ZIP						Ì
TITLE)elete Ti	TLE				Change	Addition	16
NAME STREET ADDRESS	·			AME Treet address						1
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NAME .	- ·			AME	للازيية الطالبات المرابية	يناد المناد المادات المادات]
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NAME				AME						
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP						
TITLE	<u> </u>			TLE	 .			Change	Addition	1
NAME				AME				_ •		
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP						-
TITLE NAME				TLE Ame			L	Change	Addition	
STREET ADDRESS			ST	TREET ADDRESS						
CITY-ST-ZIP			CI	TY-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 MANAGER, OR AUTHORIZED REPRESENTATIVE