File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address of Limited Liability Company

... Principal Place of Business

**DOCUMENT #** M9700000690

2a. Mailing Address

98 APR -9 AM 10: 09

1a Principal Place of Business Address

3. Date Organized or Qualified 3a. State of Formation

FUEL DYNAMICS LLC	val. Tillopar Face of Eachton Adarbon
851 SW SIXTH AVENUE, SUITE 1500	851 SW SIXTH AVENUE, SUITE 1
PORTLAND OR 97204-1357	PORTLAND OR 97204

	Mullet	Drive	POE	50x 5a	<u>3</u>		10/17	/1997	OR		
Sulte, Ap	#110		Suite, Apt. #,	etc.			4. FEI Num			Applied For	
City & Sta			City & State				1	70570		Not Applicable	
Cape	: Canav	reral FL	Cape (	anavee	al FL		5. Date of L	70570	6 Certi	ficate of Status Desired	
Zip	_	Country	Zip		ountry		1	asiriopon		Iditional Lee Required	
<u> 2509</u> 6		USA	132920	<u> </u>	<u> USA</u>		<u> </u>				
7. Name and Address of Current Registered Agent					Name	8.	Name and Ad	dress of New Ro	egistered Ag	ent/Office	
ROTH	, CHARI	LES A			11441110						
		ATLANTIC AVE	NUE, UN	IT A-1	Street Ac	ddress (i	P.O. Box Num	ber is Not Acce	ptable)		
		H FL 32931	•	Ĭ.							
					Suite, Ap	ot. #, etc	<b>.</b>				
					City				Zip Coc	10	
*					0,			F	1 .	,,	
O Purcui	ant to the area		4 000 500 Fla			el tienitae	t liability compa	ann a sheadan dhila a	<del></del>		
. ruibu	ant to the provi	isions of Sections 608.416 a	and 608.508, Flo	rida Statutes, I	he above-name	O IIITHIOC	ilability compa	iny submits this s	statement for t	the purpose of changing	
its registe	r <b>ed office</b> or reg	isions of Sections 608.416 a gistered agent, or both, in the d accept the obligations.	State of Florida.	rida Statutes, I Such change v	he above-name vas authorized b	y affirma	ative vote of a m	ajority of the men	nbers. I hereby	the purpose of changing accept the appointment	
its registe	red office or reg ered <b>ag</b> ent, and	gistered agent, or both, in the	and 608.508, Flo State of Florida.	rida Statutes, I Such change v	he above-name vas authorized b	y affirma	ative vote of a m	ajority of the men	ibers. I hereby	the purpose of changing y accept the appointment	
its registe	red office or reg ered <b>ag</b> ent, and	gistered agent, or both, in the	State of Florida.	Such change v	vas authorized b	y affirma	ative vote of a m	ajority of the men	ibers. I hereby	the purpose of changing y accept the appointment	
its registe	red <b>office</b> or reg ered <b>ag</b> ent, and JRE	gistered agent, or both, in the d accept the obligations.	State of Florida.	Such change v	vas authorized b	y affirma	ative vote of a m	ajority of the men	ibers. I hereby	accept the appointment	
its registe as registe SIGNATU	red <b>office</b> or reg ered <b>ag</b> ent, and JRE	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A	State of Florida.	Such change v	vas authorized by	y affirma	ative vote of a m	ajority of the men	nbers. I hereby	accept the appointment	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A	Appointment) (NOTE:	Such change v Registered Agent s B	vas authorized by	y affirma	ative vote of a m	ajority of the men	City, State and	d Zip Code	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	ative vote of a m	ajority of the men	CANAV	accept the appointment	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	ative vote of a m	ajority of the men	CANAV	d Zip Code	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	DATE	City, State and	d Zip Code  ZERAL FL	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	DATE	CANAV	d Zip Code  VERAL FL 3292	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	CAPE	CANAV	d Zip Code  VERAL FL 32920	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	CAPE	CANAV	d Zip Code  VERAL FL 3292	
its registe as registe SIGNATU	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	CAPE	CANAV	d Zip Code  VERAL FL 32920	
its registe as registe SIGNATU 10. Title	red office or reg ered agent, and UREMa	gistered agent, or both, in the d accept the obligations.  (Registered Agent Accepting A anaging Members/Managers	Appointment) (NOTE:	Such change v Registered Agent s B	gnature required when	y affirma	#110	CAPE	CANAV	d Zip Code  VERAL FL 32920	

11. I do 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 annual 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: