
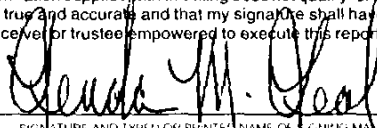


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DEL NORTE REFI, LLC 605 4TH STREET EUREKA CA 95501		DOCUMENT # M98000000315	
2. Principal Place of Business 323 FIFTH STREET Suite, Apt. #, etc. City & State EUREKA, CA Zip 95501		2a. Mailing Address PO BOX 35 Suite, Apt. #, etc. City & State EUREKA, CA Zip 95502	
3. Date Organized or Qualified 04/02/1998		3a. State of Formation AK	
4. FEI Number 94-3293281		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report THIS IS THE FIRST REPORT.		6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002981070-3 City -06/10/93--01087--001 ****196.50 ****196.50 FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PACIFIC SEABOARD INVES	605 4TH STREET 323 5TH ST	EUREKA CA 95501
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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 liability 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: 		LEND M. LEAL 4/13/99 (800) 603-0836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Day-mo-Phone #	