


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

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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1a. Principal Place of Business Address 605 4TH STREET EUREKA CA 95501
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2. Principal Place of Business 323 FIFTH STREET	2a. Mailing Address PO BOX 35
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3. Date Organized or Qualified 04/02/1998	3a. State of Formation AK
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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4. FEI Number 94-3293281	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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City & State EUREKA, CA	City & State EUREKA, CA
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5. Date of Last Report THIS IS THE FIRST REPORT.	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
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Zip 95501	Country HUMBOLDT	Zip 95502	Country HUMBOLDT
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7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET TALLAHASSEE FL 32301

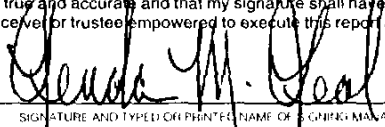
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002981070 City FL
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited 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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

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
MGRM	PACIFIC SEABOARD INVES	605 4TH STREET 323 5TH ST	EUREKA CA 95501

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 A M. LEAL** 4/13/99 (800) 603-0836
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF MANAGING MEMBER OR MANAGER Day or Phone #