2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

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Entity Name: MANAGEMENT COMPENSATION GROUP, NORTHWEST, LLC

Current Principal Place of Business:

M FINANCIAL PLAZA
1125 NW COUCH STREET STE 900
PORTLAND, OR 97209

New Principal Place of Business:

Current Mailing Address:

M FINANCIAL PLAZA
1125 NW COUCH STREET STE 900
PORTLAND, OR 97209

New Mailing Address:

FEI Number: 93-1243377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FRIEDMAN, DONALD H	
Address:	1125 NW COUCH ST. STE 900	
City-St-Zip:	PORTLAND, OR 97209	
Title:	MGR	( ) Delete
Name:	SCHUH, WAYNE M	
Address:	1125 NW COUCH ST. STE 900	
City-St-Zip:	PORTLAND, OR 97209	
Title:	MGR	( ) Delete
Name:	SHEPARD, STEPHEN L	
Address:	1125 NW COUCH ST. STE 900	
City-St-Zip:	PORTLAND, OR 97209	
Title:	MGR	( ) Delete
Name:	JONSKE, FRED H	
Address:	1125 NW COUCH ST. STE 900	
City-St-Zip:	PORTLAND, OR 97209	
Title:	MGR	( ) Delete
Name:	O'CONNOR, RANDALL M	
Address:	1125 NW COUCH ST. STE 900	
City-St-Zip:	PORTLAND, OR 97209	
Title:	MGR	( ) Delete
Name:	MULLIN, PETER	
Address:	644 S. FIGUREROA	
City-St-Zip:	LOS ANGELES, CA 90017	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	PALMIERI, VICTOR	
Address:	644 S. FIGUEROA ST.	
City-St-Zip:	LOS ANGELES, CA 90017	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD H. FRIEDMAN MGR 03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date