


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		FILED SECRETARY OF STATE 5/11/99 PM 2:38	
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 DOCUMENT # M98000001352 AL INVESTORS PINELLAS PARK LLC 2250 MCGILCHRIST STREET, SUITE 200 SALEM OR 97302		1a. Principal Place of Business Address 2250 MCGILCHRIST STREET, SUI SALEM OR 97302			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address P.O. Box 14111 Suite, Apt. #, etc. Attn: Dellane Colson City & State Salem, OR Zip Country 97309 USA		3. Date Organized or Qualified 11/18/1998 3a. State of Formation WA 4. FEI Number 93-1256325 APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002887547--7 -05/26/99 -01091--004 ***1321.25 ****188.75 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	AL INVESTORS LLC,	2250 MCGILCHRIST STREET, S		SALEM OR	

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: Norman L. Brenden, 2/23/99 (503) 370-7071 x7209