


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE 99 MAY 11 PM 2:38	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # M98000001356</b>  AL INVESTORS LECANTO LLC 2250 MCGILCHRIST STREET, SUITE 200 SALEM OR 97302		<b>1a. Principal Place of Business Address</b> 2250 MCGILCHRIST STREET, SUI SALEM OR 97302			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip		<b>2a. Mailing Address</b> P.O. Box 14111 Suite, Apt. #, etc. Attn: Dellane Colson City & State Salem, OR Zip 97309		<b>3. Date Organized or Qualified</b> 11/18/1998  <b>3a. State of Formation</b> WA  <b>4. FEI Number</b> 93-1256325 APPLIED FOR  <b>5. Date of Last Report</b> <b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 300002887543--0 -05/28/99 --01091--004 ***1321.25 ***188.75 FL Zip Code			
<b>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.</b>					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment)</small>		DATE _____ <small>(If Not Registered Agent Signature Required, Write "Not Applicable")</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	AL INVESTORS LLC,	2250 MCGILCHRIST STREET, S		SALEM OR	
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.</b>					
<b>SIGNATURE:</b> <u>Norman L. Brenden</u> , Norman L. Brenden,		<u>2/23/99</u>		<u>(503) 370 7071 x7209</u>	
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					