


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90032 001 ***350.00

DOCUMENT # M98000001356					
1. Entity Name AL INVESTORS LECANTO LLC					
Principal Place of Business 2250 MCGILCHRIST STREET, SUITE 200 SALEM, OR 97302			Mailing Address PO BOX 14111 ATTN: DELLANE COLSON SALEM, OR 97309		
2. Principal Place of Business		3. Mailing Address PO Box 14111			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Debbie Parsons			
City & State		City & State Salem OR			
Zip	Country	Zip	Country		
97309			USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	AL INVESTORS LLC		NAME		
STREET ADDRESS	2250 MCGILCHRIST STREET, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	SALEM, OR 97302		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I 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 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.					
SIGNATURE: _____			503/370-7071 x7209		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 93-1256325 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required