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FAX NO.

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FILED
Feb 03, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M99000000829 1. Entity Name CASCADE FOREST GROUP, LLC	
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Principal Place of Business 217 CENTRE STREET #2 FERNANDINA BEACH, FL 32035	Mailing Address P.O. BOX 1766 LAKE OSWEGO, OR 97035
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DO NOT WRITE IN THIS SPACE

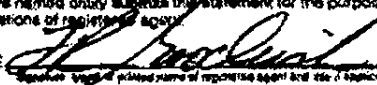


4. FEI Number 93-1246637	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOODRICH, TIMOTHY R
217 CENTRE STREET #2
FERNANDINA BEACH, FL 32035**

**DO NOT WRITE
IN THIS SPACE**

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  DATE 1/27/04

(NOTE: Registered agent signature required when reappointing)

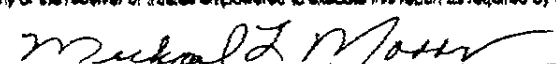
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM SLATE CREEK, LP P.O. BOX 278 LYONS, OR 97358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MORRIS, MICHAEL P.O. BOX 1766 LAKE OSWEGO, OR 97035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/04-80016-008 50.00

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IN THIS SPACE**

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 883, Florida Statutes.

SIGNATURE:  DATE 1/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE