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

Principal Place of Business	Mailing Address
217 CENTRE STREET #2 FERNANDINA BEACH, FL 32035	P.O. BOX 1766 LAKE OSWEGO, OR 97035

DO NOT WRITE IN THIS SPACE

01262004 No Chg-LLC CR2E085 (10/03)

4. FEI Number
93-1245837

☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

GOODRICH, TIMOTHY R
217 CENTRE STREET #2
FERNANDINA BEACH, FL 32035

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6. 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.

X SIGNATURE _____ 1/27/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $550.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	SLATE CREEK, LP
STREET ADDRESS	P.O. BOX 276
CITY-ST-ZIP	LYONS, OR 97358
TITLE	MEM
NAME	MORRIS, MICHAEL
STREET ADDRESS	P.O. BOX 1766
CITY-ST-ZIP	LAKE OSWEGO, OR 97035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/04-80016-008 50.00

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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: Michael Morris 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #