2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000829

Entity Name: CASCADE FOREST GROUP, LLC

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

217 CENTRE STREET #2 2948 EASTWIND DRIVE

FERNANDINA BEACH, FL 32035 FERNANDINA BEACH, FL 32035

Current Mailing Address: New Mailing Address:

P.O. BOX 1766

LAKE OSWEGO, OR 97035

FEI Number: 93-1248837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODRICH, TIMOTHY R
217 CENTRE STREET #2

GOODRICH, TIMOTHY R
2948 EASTWIND DRIVE

FERNANDINA BEACH, FL 32035 US FERNANDINA BEACH, FL 32035 US

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

in the State of Florida.

SIGNATURE: 01/06/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SLATE CREEK, LP,
 Name:

 Address:
 P.O. BOX 276
 Address:

 City-St-Zip:
 LYONS, OR 97358
 City-St-Zip:

Title: MEM () Delete Title: MGRM (X) Change () Addition

 Name:
 MORRIS, MICHAEL
 Name:
 MORRIS, MICHAEL

 Address:
 P.O. BOX 1766
 Address:
 P.O. BOX 1766

City-St-Zip: LAKE OSWEGO, OR 97035 City-St-Zip: LAKE OSWEGO, OR 97035

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 MGRM 01/06/2005