

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001637

**FILED**  
**Jan 21, 2004**  
**Secretary of State**

**Entity Name:** WRI OPPORTUNITY LOANS II LLC

**Current Principal Place of Business:**

1301 FIFTH AVENUE, SUITE 3128  
SEATTLE, WA 98101

**New Principal Place of Business:**

1301 FIFTH AVENUE, SUITE 3100  
SEATTLE, WA 98101

**Current Mailing Address:**

1301 FIFTH AVENUE, SUITE 3128  
SEATTLE, WA 98101

**New Mailing Address:**

1301 FIFTH AVENUE, SUITE 3100  
SEATTLE, WA 98101

**FEI Number:** 91-1984909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WEYERHAEUSER REALTY, INVESTORS, INC .  
Address: 1301 FIFTH AVENUE, SUITE 3128  
City-St-Zip: SEATTLE, WA 98101

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEYERHAEUSER REALTY, INVESTORS, INC .  
Address: 1301 FIFTH AVENUE, SUITE 3100  
City-St-Zip: SEATTLE, WA 98101

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: TEDI YASUDA

SEC

01/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date