


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000051531	
1. Entity Name SAH 2001 FUND I MM, INC.	

Principal Place of Business 6420 SW MACADAM AVENUE SUITE 100 PORTLAND, OR 97239	Mailing Address 6420 SW MACADAM AVENUE SUITE 100 PORTLAND, OR 97239
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1011334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000009212008
 05/14/08-80075-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EMERY, RODNEY F 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINNING, R. KYLE 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVAR, DINESH 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILBERT, CHRISTOPHER M 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL RIO, ANA MARIE 6420 SW MACADAM AVE.,#100 PORTLAND, OR 97239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **Dinesh Davar, CFO** **April 21, 2008** **949-852-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #