


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P98000073337 1. Entity Name SAH 99 FUND I MM, INC.	
---	---

Principal Place of Business 6420 SW MACADAM SUITE 100 PORTLAND, OR 97239	Mailing Address 6420 SW MACADAM SUITE 100 PORTLAND, OR 97239
---	---



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0858507	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  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

000000921229  
 05/14/08-80075-017 158.75

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

**DO NOT WRITE IN THIS SPACE**

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 Daytime Phone #