

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90128 009 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M00000000187**

Entity Name

**GREAT EASTERN TIMBER COMPANY LLC**

Principal Place of Business

99 HIGH ST., 26TH FLOOR  
 BOSTON MA 02110

Mailing Address

99 HIGH ST., 26TH FLOOR  
 BOSTON MA 02110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3498030**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
 NAME **Member**  
 STREET ADDRESS **HIGH STREET TIMBER PARTNERS, LLC**  
 CITY-ST-ZIP **99 HIGH STREET, 26TH FLOOR  
 BOSTON MA 02110**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Member**  
 STREET ADDRESS **CALIFORNIA PUBLIC EMPLOYEES RETIREMENT**  
 CITY-ST-ZIP **400 P ST. PO BOX 2749  
 SACRAMENTO CA 95812**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Member**  
 STREET ADDRESS **JOHN HANCOCK-LIFE INSURANCE CO.**  
 CITY-ST-ZIP **200 CLARENDON ST.  
 BOSTON MA 02117**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Manager**  
 STREET ADDRESS **Hancock Natural Resource Group, Inc.**  
 CITY-ST-ZIP **99 High Street, 26th Fl  
 Boston MA 02110**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**19 July 2002 (017) 747-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)