


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000000187</b> 1. Entity Name <b>GREAT EASTERN TIMBER COMPANY LLC</b>	
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Principal Place of Business <b>99 HIGH ST., 26TH FLOOR BOSTON MA 02110</b>	Mailing Address <b>99 HIGH ST., 26TH FLOOR BOSTON MA 02110</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>04-3498030</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>HIGH STREET TIMBER PARTNERS, LLC</b> <b>99 HIGH STREET, 26TH FLOOR</b> <b>BOSTON MA 02110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000073594</b> <b>03/02/04-80043-003 50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>CALIFORNIA PUBLIC EMPLOYEES RETIREMENT</b> <b>400 P ST, PO BOX 2749</b> <b>SACRAMENTO CA 95812</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>JOHN HANCOCK LIFE INSURANCE CO.</b> <b>200 CLARENDON ST.</b> <b>BOSTON MA 02117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>HANCOCK NATURAL RESOURCE GRP INC</b> <b>99 HIGH STREET 26TH</b> <b>BOSTON MA 02110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Michael J. Morgan* 2/27/2004 (612) 747-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #