


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001993
 1. Entity Name
 VZ TIMBERLAND, LLC



Principal Place of Business Mailing Address
 15 PIEDMONT CENTER, STE. 1250 15 PIEDMONT CENTER, STE. 1250
 ATLANTA, GA 30305-1737 ATLANTA, GA 30305-1737

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC GR2E083 (10/03)

4. FEI Number 13-6043815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T TARVER, CHARLES M 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GRICE, SAMUEL R 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, L. MICHAEL 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANOVER, CHARLES L 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Samuel R. Grice (SAMUEL R. GRICE) 3/3/05 404-261-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #