

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001993

1. Entity Name
VZ TIMBERLAND, LLC



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

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

Mailing Address
**15 PIEDMONT CENTER, STE. 1250
ATLANTA, GA 30305-1737**



07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-6043815	Applied For
	Not Applicable

5. Certificate of Status Desired **\$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**

**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 \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

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

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**DO NOT WRITE
IN THIS SPACE**

11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-21-08
Date

Daytime Phone #