2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # M01000001830					
Entity Name					
PLUM CREEK TIMBER I, L.L.C.					



Principal Place of Business

999 THIRD AVE.

STE 4300

SEATTLE, WA 98104 US

Mailing Address

999 THIRD AVE.

STE 4300

SEATTLE, WA 98104 C



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 91-1920354 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

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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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered			inalure required when reinstating)	DATE	
Filling Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET AUDRESS CITY-ST-ZIP	MGRM PLUM CREEK TIMBER COMPANY INC 999 THIRD AVE SUITE 2300 SEATTLE, WA 98104			M0000004	
NAME STREET ADDRESS CITY-ST-ZIP			02/	100000417823 13706-80074-004 50.00	
TITLE NAME STRILET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
DITLE MANNE STREET ADDRESS CHY-SI-ZIP			IN THE	S SPACE	
TITLE NAME STREET ADDRESS GNY-ST-ZIP					
TITLE NAME					

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.

its Asst. Secretary

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Anna L. Oswald

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