2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# M04000000421

Entity Name: RAYONIER TIMBERLANDS MANAGEMENT, LLC

Current Principal Place of Business:

50 N LAURA ST, STE 1900
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

50 N LAURA ST, STE 1900
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 06-1148576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RAYONIER, INC,	
Address:	50 N LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	PRES	( ) Delete
Name:	NUTTER, W L	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VP	( ) Delete
Name:	BRANNON, TIMOTHY H	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	SEC	( ) Delete
Name:	FRAZIER, W E III	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	ASEC	( ) Delete
Name:	ARTHUR, TRACY K	
Address:	1901 ISLAND WALKWAY	
City-St-Zip:	FERNANDINA BEACH, FL 32034	
Title:	TREA	( ) Delete
Name:	AUGUSTE, MACDONALD	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRES	(X) Change ( ) Addition
Name:	THOMAS, LEE M	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	DERIENZIS, JOSHUA H	
Address:	50 N. LAURA ST, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA H DERIENZIS SECR 04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date