

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000421

FILED
Apr 18, 2008
Secretary of State

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: THOMAS, LEE M
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: DERIENZIS, JOSHUA H
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP (X) Change () Addition
Name: BRANNON, TIMOTHY H
Address: 50 N. LAURA ST, STE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC (X) Change () Addition
Name: FRAZIER, W. EDWIN III
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 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: W. E. FRAZIER, III

SECR

04/18/2008

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