

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90217 030 \*\*\*\*50.00

DOCUMENT # M04000005084  
 1. Entity Name  
 BEAR CREEK TIMBER LLC



Principal Place of Business: C/O CFO, FOREST INVESTMENT ASSOCIATES, INC, 15 PLEDMONT CENTER, SUITE 1250, ATLANTA, GA 30305  
 Mailing Address: C/O CFO, FOREST INVESTMENT ASSOCIATES, INC, 15 PLEDMONT CENTER, SUITE 1250, ATLANTA, GA 30305

20031871



2. Principal Place of Business: Suite, Apt. #, etc. 15 Piedmont Center, Suite 1250, City & State  
 3. Mailing Address: Suite, Apt. #, etc. 15 Piedmont Center, Suite 1250, City & State  
 Zip Country

02032005 Chg-LLC CR2E083 (10/03)  
 4. FEI Number 04-3525740 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  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005  
 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: FOREST INVESTMENT ASSOCIATES L.P. STREET ADDRESS: 15 PIEDMONT CENTER, SUITE 1250 CITY-ST-ZIP: ATLANTA, GA 30305	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 K. Grice (SAMUEL K. GRICE) 3/3/05 404-261-9575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #