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FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90131 001 ***110.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028097

1. Entity Name
MOORMAN PINE PLANTATIONS, LLC

30005145

Principal Place of Business	Mailing Address
#2 UNIVERSIDAD LANE SPANISH LAKES RIVERFRONT PORT ST. LUCIE, FL 34952	P.O. BOX 8928 PORT ST. LUCIE, FL 34985
2. Principal Place of Business: P.O. Box 386	3. Mailing Address: P.O. Box 386
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Plymouth, NC	City & State: Plymouth, NC
Zip: 27962 Country: USA	Zip: 27962 Country: USA

02112005 Chg-LLC CR2E053 (10/03)

4. FEI Number: 26-1584080 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALPERIN, ELEANOR B ESQ. 1400 CENTREPARK BLVD., SUITE 1000 WEST PALM BEACH, FL 33401	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MOORMAN, CLAUDE T II 2 UNIVERSIDAD LANE, PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Moorman, Claude T. II P.O. Box 386 Plymouth, NC 27962	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Claude T. Moorman II - Claude T. Moorman II — 29 APR 2005 — 252-793-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

$55.00 enclosed CTM II