

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022342

FILED
Apr 30, 2008
Secretary of State

Entity Name: UCT FORESTRY GROUP, LLC

Current Principal Place of Business:

7825 SW ELLIPSE WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

7825 SW ELLIPSE WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 74-3208661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, THOMAS C
7825 SW ELLIPSE WAY
STUART, FL 34997 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BOURRET, RICHARD H
Address: 7825 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Change (X) Addition
Name: BOYLE, KEVIN
Address: 123 ECHO LANE
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Change (X) Addition
Name: DEVERS, DANIEL
Address: 2520 SAND MINE ROAD
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM () Change (X) Addition
Name: MORGAN, THOMAS
Address: 30541 CARTNEY CREEK ROAD
City-St-Zip: BIGFORK, MT 59911

Title: MGRM () Change (X) Addition
Name: FLOOD, PETER
Address: 7825 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

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: PATRICIA MEAGHER, CORPORATE CONTROLLER

MS

04/30/2008

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