


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001993
 1. Entity Name
VZ TIMBERLAND, LLC



Principal Place of Business 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 30305-1737	Mailing Address 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 30305-1737
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DO NOT WRITE IN THIS SPACE



07182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-6043815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

OK-JDF-7.18.06-715c

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T TARVER, CHARLES M 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GRICE, SAMUEL R 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, L. MICHAEL 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANOVER, CHARLES L 15 PIEDMONT CENTER, STE. 1250 ATLANTA, GA 303051737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000572887
 08/01/06-80003-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R. Grice* *7/26/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #