2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# M01000000441

Entity Name: SUSTAINABLE FORESTS L.L.C.

Current Principal Place of Business:

400 ATLANTIC ST
C/O CORPORATE SECRETARY
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

6400 POPLAR AVE.
C/O TAX DEPT
MEMPHIS, TN 38197

New Mailing Address:

FEI Number: 62-1728267 **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/MEMBERS:

Title:	MGR	( ) Delete
Name:	O'BRIEN, GEORGE	
Address:	1201 WEST LATHROP	
City-St-Zip:	SAVANNAH, GA 31402	
Title:	MGR	( ) Delete
Name:	SMITHERS, BARBARA L	
Address:	400 ATLANTIC ST	
City-St-Zip:	STAMFORD, CT 06901	
Title:	MGR	( ) Delete
Name:	MUNSON, KENNETH T	
Address:	1201 W LATHROP	
City-St-Zip:	SAVANNAH, GA 31402	
Title:	MGR	( ) Delete
Name:	KLIMAN, THOMAS A	
Address:	6400 POPLAR AVE	
City-St-Zip:	MEMPHIS, TN 38197	
Title:	MGR	( ) Delete
Name:	WILLIAMSON, MICHAEL	
Address:	6400 POPLAR AVE	
City-St-Zip:	MEMPHIS, TN 38197	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	( ) Change (X) Addition
Name:	SCHULZ, THEODORE A	
Address:	1201 WEST LATHROP	
City-St-Zip:	SAVANNAH, GA 31402	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WILLIAMSON MGR 02/10/2005

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