

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000441

FILED
Apr 03, 2007
Secretary of State

Entity Name: SUSTAINABLE FORESTS L.L.C.

Current Principal Place of Business:

6400 POPLAR AVE
MEMPHIS, TN 38197

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/MANAGERS:

Title: D () Delete
Name: LIEBETREU, DAVID A
Address: 6775 LENOX CENTER COURT
City-St-Zip: MEMPHIS, TN 38115

Title: VPS () Delete
Name: SMITHERS, BARBARA L
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: VP () Delete
Name: MUNSON, KENNETH T
Address: 6775 LENOX CENTER COURT
City-St-Zip: MEMPHIS, TN 38197

Title: VPAT () Delete
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: AT () Delete
Name: WILLIAMSON, MICHAEL
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: AS () Delete
Name: BAUER, PAULA S
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LANDAU, GLENN
Address: 6775 LENOX CENTER COURT
City-St-Zip: MEMPHIS, TN 38197

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL WILLIAMSON

AT

04/03/2007

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