

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000441

FILED  
Jan 13, 2010  
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: DP  
Name: LIEBETREU, DAVID A  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: VP  
Name: HARRIS, ERROL  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: VPAT  
Name: MCWILLIAMS, KEVIN G  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: VPAT  
Name: LOVORN, MELISSA  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: AT  
Name: SHANDS, ROBERT E  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: AS  
Name: KING, MICHELLE  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

I hereby 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: ROBERT E SHANDS

AT

01/13/2010

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