

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001238

FILED
Mar 16, 2006
Secretary of State

Entity Name: BLUE SKY TIMBER PROPERTIES LLC

Current Principal Place of Business:

400 ATLANTIC STREET
STAMFORD, CT 06921

New Principal Place of Business:

6400 POPLAR AVE
MEMPHIS, TN 38197

Current Mailing Address:

400 ATLANTIC STREET
STAMFORD, CT 06921

New Mailing Address:

6400 POPLAR AVE
TAX DEPT
MEMPHIS, TN 38197

FEI Number: 74-3083690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: MGR () Delete
Name: INTERNATIONAL PAPER, COMPANY
Address: 400 ATLANTIC STREET
City-St-Zip: STAMFORD, CT 06921

Title: MGR () Delete
Name: PREFERRED SOUTHLAND, TIMBER HOLDING S LLC
Address: 400 ATLANTIC STREET
City-St-Zip: STAMFORD, CT 06921

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: INTERNATIONAL PAPER, COMPANY
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: MGR (X) Change () Addition
Name: PREFERRED SOUTHLAND, TIMBER HOLDING S LLC
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

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

03/16/2006

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