2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001238

Entity Name: BLUE SKY TIMBER PROPERTIES LLC

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6400 POPLAR AVE MEMPHIS, TN 38197 **Current Mailing Address: 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: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete LIEBETREU, DAVID A LIEBETREU, DAVID A Name: Name: 6775 LENOX CENTER COURT Address: 6400 POPLAR AVE Address: MEMPHIS, TN 38197 City-St-Zip: MEMPHIS, TN 38115 City-St-Zip: Title: MGR Title: () Delete () Change () Addition WILLIAMSON, MICHAEL Name: Name: Address: 6400 POPLAR AVE Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition LANDAU, GLENN MUNSON, KENNETH R Name: Name: Address: 6775 LENOX CENTER COURT Address: 6400 POPLAR AVE City-St-Zip: MEMPHIS, TN 38115 City-St-Zip: MEMPHIS, TN 38197 Title: MGR () Delete Title: () Change () Addition Name: BAUER, PAULA S Name: Address: 6400 POPLAR AVE Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition HARRIS, ERROL Name: Name: 6400 POPLAR AVE Address: Address: City-St-Zip: City-St-Zip: MEMPHIS, TN 38197 Title: () Delete Title: () Change (X) Addition KLIMAN, THOMAS A Name: Name: Address: Address: 6400 POPLAR AVE MEMPHIS, TH 38197 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 VPAT 02/25/2008