


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 021 ****50.00

DOCUMENT # M04000004892 1. Entity Name TAMPA INTERNATIONAL FOREST PRODUCTS, LLC	
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Principal Place of Business 8001 WOODLAND CENTER BLVD., SUITE 100 TAMPA, FL 33623	Mailing Address 8001 WOODLAND CENTER BLVD., SUITE 100 TAMPA, FL 33623
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20020070



DO NOT WRITE IN THIS SPACE

03182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1805470	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

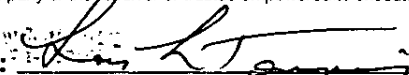
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUDY, JOHN W 10250 SW GREENBURG ROAD, SUITE 200 PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABCOCK, AARON P 8001 WOODLAND CENTER BLVD., SUITE 100 TAMPA, FL 33623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TONNING, LOIS L 10250 SW GREENBERG ROAD, SUITE 200 PORTLAND, OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  3-28-05 503-246-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____