2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

indicated on this report is true and limited liability company or the received

SIGNATURE: SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # M04000004892 04-16-2007 90355 045 ****50.00 1. Entity Name TAMPA INTERNATIONAL FOREST PRODUCTS, LLC Principal Place of Business Mailing Address 8001 WOODLAND CENTER BLVD., SUITE 100 8001 WOODLAND CENTER BLVD., SUITE 100 **TAMPA, FL 33623** TAMPA, FL 33623 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1805470 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Г٦ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and little if applicable DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition BABCOCK, AARON P NAME NAME 8001 WOODLAND CENTER BLVD., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33623 CITY-ST-ZIP MGR ☐ Change TITLE ☐ Delete TITLE ☐ Addition TONNING, LOIS L NAME NAME 10250 SW GREENBERG ROAD, SUITE 200 STREET ADORESS STREET ADDRESS CITY-ST-ZIP PORTLAND, OR 97223 CITY-ST-ZIP MGR ■ Addition TITLE ☐ Defete TITLE ☐ Change JOHNSTON, CRAIG NAME NAME 10250 SW GREENBERG RD # 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORTLAND, OR 97223 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TSTLE ☐ Change ☐ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the eiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.