## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000001794

Entity Name: FOREST PRODUCTS HOLDINGS, L.L.C.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1111 WES BOISE, ID		N STREET STE 200					
Current Mailing Address:				New Mailing Address:			
1111 WES BOISE, ID		N STREET STE 200					
FEI Number:	El Number: 20-1478536 FEI Number Applied For ( )		FEI Nun	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD					
	named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	GADDA, DAVID	RSON ST., STE. 300		Title: Name: Address: City-St-Zip:	ALSIKAFI, ZA	NATIONAL PLAZA, STE 3800	
Title: Name: Address: City-St-Zip:	MADARIETTA, Î	Delete BERNADETTE M ERSON ST., STE 300 02		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	SOULELES, T	NATIONAL PLAZA, STE 3800	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MCDOUGALL	FERSON ST.,STE 300	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MCGOWEN,	) Change (X) Addition CHRISTOPHER J T NATIONAL PLAZA, STE 3800 30602	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MENCOFF, S	NATIONAL PLAZA, STE. 300	

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: BERNADETTE M. MADARIETA VP 03/23/2009