

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90034 035 ****50.00

DOCUMENT # M06000005828 1. Entity Name RMS TIMBERLANDS LLC					
Principal Place of Business 100 CORPORATE RIDGE BIRMINGHAM, AL 35242			Mailing Address 100 CORPORATE RIDGE BIRMINGHAM, AL 35242		
2. Principal Place of Business - No P.O. Box # 31 Inverness Center Pkwy		3. Mailing Address Same			
Suite, Apt. #, etc. 360		Suite, Apt. #, etc.			
City & State Birmingham, AL		City & State			
Zip 35242		Country		4. FEI Number 02-0785934	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RED MOUNTAIN TIMBERLANDS LLC 100 CORPORATE RIDGE BIRMINGHAM, AL 35242 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X 			X 4/17/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		