File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 99 MAY 11 PM 2:35 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee ÎACÎ ME GERE, PEGRIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000136** 1a. Principal Place of Business Address NEW FORESTRY, LLC 8744 MAIN STREET, SUITE 301 8744 MAIN STREET, SUITE 301 WOODSTOCK GA 30188 WOODSTOCK GA 30188 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 02/13/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 58-2302155 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 500002<del>887535</del>--05/26/99--01091--003 ~~, ~~, ~, 01031~~003 \*\*\*\*\$597, 50, ~\*\*\*\$597, 50 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited hability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Am epilog Appointment). (Ni HE, Registered Agent signature to park 1 when remaining 10. Title Managing Members/Managers **Business Street Address** City. State and Zip Code TIMBERLAND INVESTMENT 8744 MAIN STREET, SUITE 30 WOODSTOCK GA MGR

11 I do 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 annual 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, and that my name appears in Block 10, or on an

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attachment with an address.

SIGNATURE: