

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000136

1. Entity Name
NEW FORESTRY, LLC



Principal Place of Business
**3340 PEACHTREE RD., NE
STE 1150
ATLANTA, GA 30326**

Mailing Address
**3340 PEACHTREE RD., NE
STE 1150
ATLANTA, GA 30326**



DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
58-2302155

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMBERVEST, LLC 3340 PEACHTREE RD., NE STE 1150 ATLANTA, GA 30326
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03/28/06-80056-004 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joel B. Shapiro

3/7/06

Date

404-848-7500

Daytime Phone #