

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90004 005 ****50.00

DOCUMENT # M98000000136

1. Entity Name
NEW FORESTRY, LLC



Principal Place of Business

**8744 MAIN STREET, SUITE 301
WOODSTOCK GA 30188**

Mailing Address

**8744 MAIN STREET, SUITE 301
WOODSTOCK GA 30188**

2. Principal Place of Business

3340 PEACHTREE ROAD, NE

3. Mailing Address

3340 PEACHTREE ROAD, NE

Suite, Apt. #, etc.

STE. 1150

Suite, Apt. #, etc.

STE. 1150

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30326

Country

USA

Zip

30326

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TIMBERVEST, LLC
8744 MAIN STREET, SUITE 301
WOODSTOCK GA 30188** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TIMBERVEST, LLC
3340 PEACHTREE ROAD, NE. STE. 1150
ATLANTA, GA 30326** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I 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 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 REQUIRED **Dec B. SHAPIRO**

3/24/03

404-848-1500

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

Date

Daytime Phone #

CR2E083 (10/02)