## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M99000001092

Entity Name: SP FORESTS L.L.C.

FILED Apr 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 ATLANTIC ST C/O CORPORATE SECRETARY STAMFORD, CT 06901 **New Mailing Address: Current Mailing Address:** 6400 POPLAR AVE. C/O TAX DEPT. MEMPHIS, TN 38197 FEI Number: 58-2470647 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete THE BRANIGAR ORGANIZ, ATION Name: Name: 6400 POPLAR AVE. Address: Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition SUSTAINABLE FORESTS, LLC Name: Name: Address: 6400 POPLAR AVE. Address: City-St-Zip: MEMPHIS, TN 38197 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition O'BRIEN, GEORGE A RONNIE, LEONARD H Name: Name: 1201 W LATHROP AVE Address: Address: 3 PARAGON DR City-St-Zip: SAVANNAH, GA 31402 City-St-Zip: MONTVALE, NJ 07645 Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition LESSIN, ANDREW R Name: Name: STEIN, DAVID 400 ATLANTIC ST Address: Address: 400 ATLANTIC ST City-St-Zip: STAMFORD, CT 06901 City-St-Zip: STAMFORD, CT 06901 Title: MGR () Delete Title: MGR (X) Change ( ) Addition MELICAN, JAMES J MUNSON, KENNETH R Name: Name: 400 ATLANTIC ST 1201 W LATHROP Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: SAVANNAH, GA 31402 Title: () Delete Title: ( ) Change (X) Addition WILLIAMSON, MICHAEL Name: Name: Address: Address: 6400 POPLAR AVE MEMPHIS, TN 38197 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WILLIAMSON AT 04/07/2004