

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Feb 10, 2005  
Secretary of State

DOCUMENT# M99000001092

Entity Name: SP FORESTS L.L.C.

**Current Principal Place of Business:**

400 ATLANTIC ST  
C/O CORPORATE SECRETARY  
STAMFORD, CT 06901

**New Principal Place of Business:**

**Current Mailing Address:**

6400 POPLAR AVE.  
C/O TAX DEPT.  
MEMPHIS, TN 38197

**New Mailing Address:**

FEI Number: 58-2470647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: THE BRANIGAR ORGANIZ, ATION  
Address: 6400 POPLAR AVE.  
City-St-Zip: MEMPHIS, TN 38197

Title: MGRM ( ) Delete  
Name: SUSTAINABLE FORESTS, LLC  
Address: 6400 POPLAR AVE.  
City-St-Zip: MEMPHIS, TN 38197

Title: MGR ( ) Delete  
Name: RONNIE, LEONARD H  
Address: 3 PARAGON DR  
City-St-Zip: MONTVALE, NJ 07645

Title: MGR ( ) Delete  
Name: STEIN, DAVID  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: MGR ( ) Delete  
Name: MUNSON, KENNETH R  
Address: 1201 W LATHROP  
City-St-Zip: SAVANNAH, GA 31402

Title: MGR ( ) Delete  
Name: WILLIAMSON, MICHAEL  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

MGR

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date