2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# M99000001690

Entity Name: RAYLAND, LLC

Current Principal Place of Business:

50 N. LAURA ST., 19TH FLOOR
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

50 N. LAURA ST., 19TH FLOOR
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 06-1560877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T 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:	MGR	( ) Delete
Name:	RAYONIER TIMBERLANDS, MANAGEMENT, I N C.	
Address:	50 N. LAURA ST., 19TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	(X) Delete
Name:	NUTTER, W. L PRES	
Address:	50 N. LAURA STREET, STE. 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	(X) Delete
Name:	BRANNON, T. H SVP	
Address:	50 N. LAURA STREET, STE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	(X) Delete
Name:	POLLACK, GERALD J SVP	
Address:	50 N. LAURA ST., STE. 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	(X) Delete
Name:	ERICKSEN, W. D VP	
Address:	50 N. LAURA ST., STE. 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MGR	(X) Delete
Name:	FRAZIER, III, W. E SECR	
Address:	50 N. LAURA ST., STE. 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	RAYONIER TRS HOLDING, S INC.	
Address:	50 N. LAURA ST., 19TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202	
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: W. EDWIN FRAZIER, III SECR 03/24/2005

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