

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001690

Entity Name: TERRAPOINTE LLC

FILED
Apr 18, 2008
Secretary of State

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/MANAGERS:

Title: MGRM () Delete
Name: RAYONIER TRS HOLDING, S INC.
Address: 50 N. LAURA ST., 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: CHRM () Delete
Name: THOMAS, LEE M
Address: 50 N. LAURA STREET, 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PRES () Delete
Name: MARGIOTTA, CHARLES
Address: 50 N. LAURA STREET, 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: ARTHUR, TRACY K
Address: 1901 ISLAND WALKWAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SECR () Delete
Name: DERIENZIS, JOSHUA H
Address: 50 N LAURA STREET SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: HERMAN, MICHAEL R
Address: 50 N LAURA STREET SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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

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

Title: CONT (X) Change () Addition
Name: VANDEN NOORT, HANS E
Address: 50 N. LAURA STREET, 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: SECR (X) Change () Addition
Name: FRAZIER, W. E
Address: 50 N LAURA STREET SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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. E. FRAZIER, III

SECR

04/18/2008

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