2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023988

1. Entity Name
TROUT CREEK, LLC

Principal Place of Business	Mailing Address
199 KAHIKI DRIVE TAVERNIER, FL 33070	199 KAHIKI DRIVE TAVERNIER, FL 33070

02042005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1846868
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BATTREALL, CATHY
199 KAHIKI DR
TAVERNIER, FL 33070

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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 Cathy Battreall 2.4.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000220257
02/08/05-80061-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BATTREAL HOLDINGS, LC
STREET ADDRESS	199 KAHIKI DRIVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	MGRM
NAME	COLEMAN, JOHN S
STREET ADDRESS	199 KAHIKI DRIVE
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cathy Battreall 2.4.05 305 852.4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #