

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023988

Entity Name: TROUT CREEK, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

199 KAHIKI DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

105 CLUB FOREST LANE
PONTE VEDRA, FL 32082

Current Mailing Address:

199 KAHIKI DRIVE
TAVERNIER, FL 33070

New Mailing Address:

105 CLUB FOREST LANE
PONTE VEDRA, FL 32082

FEI Number: 14-1846868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTREALL, CATHY
199 KAHIKI DR
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

BATTREALL, CATHY
105 CLUB FOREST LANE
PONTE VEDRA BEACH, FL 32082 US

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:

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BATTREAL HOLDINGS, L, C
Address: 199 KAHIKI DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete
Name: COLEMAN, JOHN S
Address: 199 KAHIKI DRIVE
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BATTREAL HOLDINGS, L, C
Address: 105 CLUB FOREST LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM (X) Change () Addition
Name: COLEMAN, JOHN S
Address: 39 LILY LANE UNIT 7080
City-St-Zip: ELLIJAY, GA 30540

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: CATHY BATTREALL

MM

04/15/2008

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