

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT #D04000072565

1. Entity Name
TROUT BRANCH, LLC



Principal Place of Business
**12815 U.S. HIGHWAY 98 WEST
SUITE 108
DESTIN, FL 32541 US**

Mailing Address
**POST OFFICE BOX 6773
DESTIN, FL 32550**



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2014479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KING, JOHN A SR 4101 INDIAN BAYOU N DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KING, STEVEN L 123 KIMBERLY ANN DR SANTA ROSA BEACH, FL 32459 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BAKER, LONNIE W 463 JUPITER DRIVE FREEPORT, FL 32439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000516166
04/29/06-80240-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John A. King, Sr., Managing member, 4/13/06 (850)837-6777