


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000072565 1. Entity Name TROUT BRANCH, LLC |  |
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|---|---|
| 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 |
|---|---|



04102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 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

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| MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541 |
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**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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|--|--|
| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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05/01/07-80008-016 50.00

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 #

4/16/07

850-8376777