

2001 UNIFORM BUSINESS REPORT (UBR)

0031391 AF

DOCUMENT # M00000000116

1. Entity Name

TROUT CREEK PROPERTIES LLC

FILED

01 JAN 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 BUSH STREET
SUITE 1250
SAN FRANCISCO CA 94104

Mailing Address

100 BUSH STREET
SUITE 1250
SAN FRANCISCO CA 94104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3324515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
BURNS, BRIAN P
STREET ADDRESS
100 BUSH STREET SUITE 1250
CITY-ST-ZIP
SAN FRANCISCO CA 94104

TITLE NAME ☐ Change ☐ Addition
100003582421--7
-01/26/01--01141--010
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
ARONOFF, STUART B
STREET ADDRESS
100 BUSH STREET SUITE 1250
CITY-ST-ZIP
SAN FRANCISCO CA 94104

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM
POST, S. DOUGLAS
STREET ADDRESS
100 BUSH STREET SUITE 1250
CITY-ST-ZIP
SAN FRANCISCO CA 94104

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:

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

1/12/01

Date

415-989-6580

Daytime Phone #

CR2E083 (11/00)