

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

04 JAN 16 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000116

1. Entity Name  
TROUT CREEK PROPERTIES LLC



Principal Place of Business  
100 BUSH STREET  
SUITE 1250  
SAN FRANCISCO, CA 94104

Mailing Address  
100 BUSH STREET  
SUITE 1250  
SAN FRANCISCO, CA 94104



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900027097329  
01/16/04--01035--011 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*S. Douglas Post* 1/8/04 415-989-6580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #