


**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	
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Principal Place of Business 100 BUSH STREET SUITE 1250 SAN FRANCISCO, CA 94104	Mailing Address 100 BUSH STREET SUITE 1250 SAN FRANCISCO, CA 94104
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 94-3324515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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
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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 Day Daytime Phone #