2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 09, 2007 08:00 AM Secretary of State DOCUMENT # M00000000116 1. Entity Name TROUT CREEK PROPERTIES LLC Principal Place of Business Mailing Address 100 BUSH STREET 100 BUSH STREET SUITE 1250 SAN FRANCISCO CA 94104 **SUITE 1250** SAN FRANCISCO CA 94104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 94-3324515 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GY CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUITE 500E WEST PALM BEACH FL 33401 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. 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 reinstaking) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIIL C Delete IIILE ☐ Change ☐ Addition MAKE BURNS, BRIAN P NAME U00000629273 02/16/07-80050-014 50.00 STREET ADDRESS STREET ADDRESS 100 BUSH STREET SUITE 1250 CITY-ST-ZIP CITY-ST ZIP SAN FRANCISCO CA 94104 \square Delete ME ITTLE Change | Addition NAME. NAME ARONOFF, STUART B STREET ADDRESS STREET ADDRESS 100 BUSH STREET SUITE 1250 CHY-ST ZIP CITY-S1-ZIP SAN FRANCISCO CA 94104 Delete HILE TITLE ☐ Change ☐ Addition NAME NAME POST, S. DOUGLAS. STREET ADDRESS STREET ADDRESS 100 BUSH STREET SUITE 1250 CITY-ST-7IP CITY-ST-ZIP SAN FRANCISCO CA 94104 ШŒ Delete TITLE Change Addition NAMI BURNS, JR, BRIAN P. NALI STREET ADDRESS STREET LADDRESS 100 BUSH STREET, SUITE 1250 CITY - ST- ZIP SAN FRANCISCO CA 94104 CITY-ST-ZIP IIII Delete HILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP COTY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fiorida 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.

S. Douglas Post

415-989-6580