

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000116

FILED
Mar 23, 2009
Secretary of State

Entity Name: TROUT CREEK PROPERTIES LLC

Current Principal Place of Business:

100 BUSH STREET
SUITE 1250
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

100 BUSH STREET
SUITE 1250
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 94-3324515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: C () Delete
Name: BURNS, BRIAN P
Address: 100 BUSH STREET SUITE 1250
City-St-Zip: SAN FRANCISCO, CA 94104

Title: V () Delete
Name: POST, S. DOUGLAS
Address: 100 BUSH STREET SUITE 1250
City-St-Zip: SAN FRANCISCO, CA 94104

Title: P () Delete
Name: BURNS, JR, BRIAN P.
Address: 100 BUSH STREET, SUITE 1250
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN P. BURNS, JR.

P

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date