


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001216 1. Entity Name TROUT CREEK DEVELOPMENT, L.L.C.	
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Principal Place of Business 100 BUSH ST., SUITE 1250 SAN FRANCISCO, CA 94104	Mailing Address 100 BUSH ST., SUITE 1250 SAN FRANCISCO, CA 94104
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01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3386916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BURNS, BRIAN P 100 BUSH ST., SUITE 1250 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARONOFF, STUART B 100 BUSH ST., SUITE 1250 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCTS POST, S. DOUGLAS 100 BUSH ST., SUITE 1250 SAN FRANCISCO, CA 94104
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01/15/04-80001-006 50.00

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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)(f), 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 606, Florida Statutes.

SIGNATURE: S. Douglas Post S. Douglas Post 1/6/04 415-289-650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #