


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000001216</b>	
1. Entity Name TROUT CREEK DEVELOPMENT, L.L.C.	

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 94-3386916	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	C BURNS, BRIAN P 100 BUSH ST., SUITE 1250 SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	V ARONOFF, STUART B 100 BUSH ST., SUITE 1250 SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VCTS POST, S. DOUGLAS 100 BUSH ST., SUITE 1250 SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P BURNS, JR, BRIAN P. 100 BUSH STREET, STE. 1250 SAN FRANCISCO CA 94104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000629269 02/16/07-80050-012 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 **2/5/07** **415-989-6580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #