

2001 UNIFORM BUSINESS REPORT (UBR)

0000137 AF

DOCUMENT # L00000007687
1. Entity Name
 GOLDEN NUGGET UNITS, L.C.

FILED *W/L 4/9*
 01 MAR 30 AM 9:46

Principal Place of Business
 % IRVING SHIMOFF, ESO.
 NATIONSBANK TOWER, 100 SE 2ND ST. #3920
 MIAMI FL 33131

Mailing Address
 % IRVING SHIMOFF, ESO.
 NATIONSBANK TOWER, 100 SE 2ND ST. #3920
 MIAMI FL 33131

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2. Principal Place of Business
 18101 Collins Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 18101 Collins Avenue
 Suite, Apt. #, etc.

City & State
 Sunny Isles Beach, FL

City & State
 Sunny Isles Beach, FL

Zip 33160 **Country** USA

Zip 33160 **Country** USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SHIMOFF, IRVING ESO.
 NATIONSBANK TOWER
 100 SOUTHEAST 2ND STREET, SUITE 3920
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Ronald R. Fieldstone

Street Address (P.O. Box Number is Not Acceptable)
 201 Alhambra Circle
 Suite 601

City Coral Gables **FL** **Zip Code** 33134

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.

SIGNATURE *Ronald R. Fieldstone* **RONALD R. FIELDSTONE** **3/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003993231--3
-04/12/01--01007--024
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK NY 10003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZERTZOV, NEOMI 89 FIFTH AVENUE, 11TH FLOOR NEW YORK NY 10003	<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
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
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
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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 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: *Neomi Dezertsov* **Neomi Dezertsov** **3/28/01** **212-929-1285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)