

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90091 021 ****50.00

0031782

DOCUMENT # L01000021857

1. Entity Name
FLORIDA PROPERTIES MANAGEMENT, L.C.



Principal Place of Business Mailing Address
1100 SOUTH OCEAN BLVD **1100 SOUTH OCEAN BLVD**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

4. FEI Number **65-1159804** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ (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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUMP, DONALD J 725 FIFTH AVENUE NEW YORK NY 10022	<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
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:  **REQUIRED** Donald Trump
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment

10104318
#LO 1000021857

Trump Florida Properties

1100 S. Ocean Boulevard
Palm Beach, Fl 33480

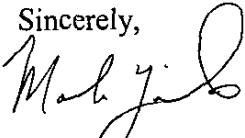
May 1, 2003

Florida Department of State
P.O. Box 6478
Tallahassee, Fl 32314-6478

Dear Sir or Madam:

Attached are the Uniform Business Report filings along with the appropriate payments for Mr. Donald Trump's Florida properties. They consist of The Mar-a-Lago Club, Trump International Golf Club, Trump International Golf club II and Florida Properties Management. It would be appreciated if the late fee were waived this time because the Uniform Business Reports were misplaced then found on the deadline. We have filed the reports promptly once they were located.

Sincerely,



Marlow Yurick
Controller

USE THE PROPERTY OF THE STATE OF FLORIDA
UNIFORM BUSINESS REPORTS ARE DUE ON THE DEADLINE. THE LATE FEE IS
APPLIED TO ALL REPORTS NOT FILED ON THE DEADLINE. IT IS REQUESTED THAT
THE REPORTS BE FILED PROMPTLY TO AVOID THE LATE FEE. THE STATE OF
FLORIDA DEPARTMENT OF STATE, TALLAHASSEE, FLORIDA 32314-6478