


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003558**

1. Entity Name  
**TRUMP CARIBBEAN LLC**



Principal Place of Business <b>C/O MAR-A-LAGO CLUB          1100 S. OCEAN BLVD.          PALM BEACH, FL 33480</b>	Mailing Address <b>C/O MAR-A-LAGO CLUB          1100 S. OCEAN BLVD.          PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-LLC      CR2E093 (10/03)

4. FEI Number <b>11-3628838</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

1100000165243  
 07/12/04 80005-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRUMP, DONALD J 725 FIFTH AVE. NEW YORK, NY 10022
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:**  **DONALD J TRUMP** 7/6/04 - 212-833-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #