## **2005 LIMITED LIABILITY COMPANY**

## **FILED ANNUAL REPORT** Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # M03000003558 1. Entity Name TRUMP CARIBBEAN LLC Principal Place of Business Mailing Address C/O MAR-A-LAGO CLUB C/O MAR-A-LAGO CLUB 1100 S. OCEAN BLVD. 1100 S. OCEAN BLVD. PALM BEACH, FL 33480 PALM BEACH, FL 33480 04142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3628838 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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 Filing Fee is \$50.00 Due by May 1, 2005 11000000346649 MANAGING MEMBERS/MANAGERS 9. MGR TITI F TRUMP, DONALD J NAME STREET ADDRESS 725 FIFTH AVE. NEW YORK, NY 10022 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #