

2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000001534

Entity Name: DOMINION REALTY, LLC

Current Principal Place of Business:

C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
AVENTURA, FL 33160

Current Mailing Address:

C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
AVENTURA, FL 33160 US

FEI Number: 65-0633925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name TRUMP HOLDINGS, LLC
Address C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
City-State-Zip: AVENTURA FL 33160

Title CO-CHAIRMAN, MEMBER
Name TRUMP, JULIUS
Address C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
City-State-Zip: AVENTURA FL 33160

Title CO-CHAIRMAN, MEMBER
Name TRUMP, EDDIE
Address C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
City-State-Zip: AVENTURA FL 33160

Title SENIOR VICE PRESIDENT
Name TODES, MARK
Address 41 MADISON AVE.
SUITE 4101
City-State-Zip: NEW YORK NY 10010

Title VP
Name DEGNAN, BRIAN T
Address C/O TRUMP HOLDINGS, LLC
4000 ISLAND BLVD. PH-2
City-State-Zip: AVENTURA FL 33160

Title EXECUTIVE VICE PRESIDENT
Name LIEB, JAMES M
Address PO BOX 186
City-State-Zip: EAST BRUNSWICK NJ 08816

Title EXECUTIVE VICE PRESIDENT
Name HIRSCH, MARK S
Address 41 MADISON AVE
SUITE 4101
City-State-Zip: NEW YORK NY 10010

Title ASST VICE PRESIDENT
Name TORPEY, CARITE L
Address PO BOX 186
City-State-Zip: EAST BRUNSWICK NJ 08816

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARITE L. TORPEY

AVP

08/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date