

**2014 FOREIGN LIMITED LIABILITY COMPANY 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARITE L TORPEY

AVP

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date