

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001362

**Entity Name:** TRUMP INVESTMENTS, LLC**Current Principal Place of Business:**17895 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17895 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 26-2319856**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           MANAGER  
Name           T2 CO MANAGEMENT, INC  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           EVP  
Name           LIEB, JAMES  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           SVP  
Name           TODES, MARK  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           A-SEC  
Name           FELDMAN, RICHARD  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           AUTHORIZED MEMBER  
Name           TRUMP HOLDINGS, LLC  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           EVP  
Name           HIRSCH, MARK S  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           AVP  
Name           TORPEY, CARITE L  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title           SVP  
Name           TRUMP, JOSHUA  
Address       17895 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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

04/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date