

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000137 AF

**DOCUMENT #** L00000007687  
**1. Entity Name**  
 GOLDEN NUGGET UNITS, L.C.

**FILED** *WY 4/9*  
 01 MAR 30 AM 9:46  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**Principal Place of Business**  
 % IRVING SHIMOFF, ESQ.  
 NATIONSBANK TOWER, 100 SE 2ND ST. #3920  
 MIAMI FL 33131

**Mailing Address**  
 % IRVING SHIMOFF, ESQ.  
 NATIONSBANK TOWER, 100 SE 2ND ST. #3920  
 MIAMI FL 33131



<b>2. Principal Place of Business</b> 18101 Collins Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 18101 Collins Avenue Suite, Apt. #, etc.	
<b>City &amp; State</b> Sunny Isles Beach, FL		<b>City &amp; State</b> Sunny Isles Beach, FL	
<b>Zip</b> 33160	<b>Country</b> USA	<b>Zip</b> 33160	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> SHIMOFF, IRVING ESQ. NATIONSBANK TOWER 100 SOUTHEAST 2ND STREET, SUITE 3920 MIAMI FL 33131		<b>7. Name and Address of New Registered Agent</b>	
		<b>Name</b> Ronald R. Fieldstone	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 201 Alhambra Circle Suite 601	
		<b>City</b> Coral Gables	<b>FL</b> <b>Zip Code</b> 33134

**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.**

**SIGNATURE** *Ronald R. Fieldstone* **RONALD R. FIELDSTONE** **3/7/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**100003993231--3**  
**-04/12/01--01007--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK NY 10003 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> DEZERTZOV, NEOMI 89 FIFTH AVENUE, 11TH FLOOR NEW YORK NY 10003 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:** *Neomi Dezertov* **Neomi Dezertov** **3/28/01** **212-929-1285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)