


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000008957**

1. Entity Name  
TROPICANA REDEVELOPMENT, LLC



Principal Place of Business  
25 SECOND ST N SUITE 210  
ST. PETERSBURG, FL 33701

Mailing Address  
25 SECOND ST N SUITE 210  
ST. PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**



03262007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3725365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

AVIRAM, JIMMY  
25 SECOND ST N  
210  
ST. PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVIRAM FAMILY CORPORATION 25 SECOND ST N. #210 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROPICANA PARTNERS 100 SOUTH BISCAYNE BLVD., #100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/07-80010-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/26/07** **727 8034370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #