

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008957

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TROPICANA REDEVELOPMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3725365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AVIRAM FAMILY CORPORATION  
Address: 25 SECOND ST N. #210  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: TROPICANA PARTNERS  
Address: 100 SOUTH BISCAYNE BLVD., #100  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ANGIE CARLSON

OM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date