

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 028 \*\*\*\*50.00

**DOCUMENT # L01000009200**

1. Entity Name  
**TROPICANA PARTNERS, LLC**



Principal Place of Business  
**100 SOUTH BISCAYNE BLVD. SUITE 1100  
MIAMI, FL 33131**

Mailing Address  
**100 SOUTH BISCAYNE BLVD. SUITE 1100  
MIAMI, FL 33131**

40059347



02152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1114884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOLLO, JEROME  
100 SOUTH BISCAYNE BLVD. SUITE 1100  
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., #1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S BISCAYNE BLVD #1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	HOLLO, JEROME
STREET ADDRESS	100 SOUTH BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/06

Date

Daytime Phone #