

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90146 013 ****50.00

DOCUMENT # L01000009200

1. Entity Name
TROPICANA PARTNERS, LLC



Principal Place of Business

100 SOUTH BISCAYNE BLVD. SUITE ~~400~~
MIAMI, FL 33131 900

Mailing Address

100 SOUTH BISCAYNE BLVD. SUITE ~~400~~
MIAMI, FL 33131 900



01162007 No 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 ~~400~~ 900
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HOLLO, TIBOR
STREET ADDRESS 100 S. BISCAYNE BLVD., ~~#1100~~ 900
CITY - ST - ZIP MIAMI, FL 33131

TITLE MGR
NAME HOLLO, WAYNE
STREET ADDRESS 100 S BISCAYNE BLVD #1100 900
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

Date

Daytime Phone #

015-2037