

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000007230**

**1. Entity Name**  
**TRUMP INTERNATIONAL GOLF CLUB II L.C.**



**Principal Place of Business**  
**MAR-A-LAGO**  
**1100 SOUTH OCEAN BOULEVARD**  
**PALM BEACH, FL 33480**

**Mailing Address**  
**MAR-A-LAGO**  
**1100 SOUTH OCEAN BOULEVARD**  
**PALM BEACH, FL 33480**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**01-0676102**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**INTRASTATE REGISTERED AGENT CORPORATION**  
**% HOLLAND & KNIGHT LLP**  
**701 BRICKELL AVENUE, SUITE 3000**  
**MIAMI, FL 33131-3209**

**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 re-installing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**TRUMP, DONALD J**  
**1100 SOUTH OCEAN BOULEVARD, MAR-A-LAGO**  
**PALM BEACH, FL 33480**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

UN00000228632  
02/14/05-80046-014 50.00

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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)(f), 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 #