


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90258 003 \*\*\*\*50.00

<b>DOCUMENT # L03000017716</b> 1. Entity Name <b>TROPICANA MOTEL, LLC</b>					
Principal Place of Business <b>445 GULFVIEW BLVD S. CLEARWATER BEACH FL 33767</b>			Mailing Address <b>1253 PARK STREET CLEARWATER FL 33756</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>34-1978256</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRATESI, EMIL G 1253 PARK ST CLEARWATER FL 33756</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER <b>AGOSTINO DIGIOVANNI</b> <b>163 BAYSIDE DRIVE</b> <b>CLEARWATER FLORIDA 33767</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER <b>FRANK CARRIERA</b> <b>3040 HOMESTEAD OAKS DRIVE</b> <b>CLEARWATER FLORIDA 33759</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER <b>JOHN CONTI</b> <b>445 SOUTH GULF VIEW BLVD.</b> <b>CLEARWATER BEACH FLORIDA 33767</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE</b> _____ Date _____ Daytime Phone # _____					

**34003510**



MOORE CR2E083 (11/03)