

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017716

Entity Name: TROPICANA MOTEL ,LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

300 HAMDEN DRIVE  
CLEARWATER BEACH, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

300 HAMDEN DRIVE  
CLEARWATER BEACH, FL 33767

**New Mailing Address:**

FEI Number: 34-1978256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTI, JOHN  
103 BELLE ISLE AVENUE  
CLEARWATER BEACH, FL 33767 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: DIGIOVANNI, AGOSTINO  
Address: 163 BAYSIDE DRIVE  
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGR ( ) Delete  
Name: CARRIERA, FRANK  
Address: 3040 HOMESTEAD OAKS DRIVE  
City-St-Zip: CLEARWATER, FL 33759

Title: MGR ( ) Delete  
Name: CONTI, JOHN  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES:**

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

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 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: JOHN CONTI

MGR

04/20/2007

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