

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017716

Entity Name: TROPICANA MOTEL ,LLC

FILED
Jun 17, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONTI, JOHN
103 BELLE ISLE AVENUE
CLEARWATER BEACH, FL 33767 US

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 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: AGOSTINO DIGIOVANNI

MGR

06/17/2009

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