2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

BK

08-02-2004 90118 005 ****50.00
09-27-2004 90084 001 ****50.00
L03000055215

FILED
04 OCT 19 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055215

1. Entity Name

TROPICANA RESORT MANAGEMENT, LLC

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
~~445 SOUTH GULF VIEW BLVD CLEARWATER BEACH FL 33767~~	~~445 SOUTH GULF VIEW BLVD CLEARWATER BEACH FL 33767~~
2. Principal Place of Business: 103 Belle Isle Ave.	3. Mailing Address: 103 Belle Isle Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Beach, FL	City & State: Belleaire Beach, FL
Zip: 33786 Country	Zip: 33786 Country

4. FEI Number: 59-3239972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASSMAN, ALAN S ESQ 1245 COURT ST, STE 102 CLEARWATER FL 33756 BK	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	CARRIERA, FRANK ☐ Delete 103 Belle Isle Ave. Belleair Beach, FL 33786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	DIGIOVANNI, GUS ☐ Delete 103 Belle Isle Ave. Belleair Beach, FL 33786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTI, JOHN ☐ Delete 103 Belle Isle Ave. Belleair Beach, FL 33786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #