2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2005
Secretary of State

DOCUMENT# L03000055215

Entity Name: TROPICANA RESORT MANAGEMENT, LLC

Current Principal Place of Business:

103 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786

New Principal Place of Business:

300 HAMDEN DRIVE
CLEARWATER, FL 33767

Current Mailing Address:

103 BELLE ISLE AVENUE
BELLEAIR BEACH, FL 33786

New Mailing Address:

300 HAMDEN DRIVE
CLEARWATER, FL 33767

FEI Number: 59-2337972 **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:

GASSMAN, ALAN S ESQ
1245 COURT ST, STE 102
CLEARWATER, FL 33756 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: ALAN S GASSMAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARRIERA, FRANK
Address: 103 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM ( ) Delete
Name: DIGIOVANNI, GUS
Address: 103 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM ( ) Delete
Name: CONTI, JOHN
Address: 103 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786

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 Section 119.07(3)(i), 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 MGRM 10/12/2005

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