2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055215

City-St-Zip:

BELLEAIR BEACH, FL 33786

Entity Name: TROPICANA RESORT MANAGEMENT, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 HAMDEN DRIVE CLEARWATER, FL 33767 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GASSMAN, ALAN S ESQ 1245 COUŔT ST, STE 102 CLEARWATER, FL 33756 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CONTI, JOHN Name: Name: Address: 103 BELLE ISLE AVENUE Address: City-St-Zip: BELLEAIR BEACH, FL 33786 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DIGIOVANNI, GUS Name: Address: 103 BELLE ISLE AVENUE Address: City-St-Zip: BELLEAIR BEACH, FL 33786 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CARRIERA, FRANK Name: Name: 103 BELLE ISLE AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: AGOSTINO DIGIOVANNI MGRM 03/19/2009