

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000055215

**FILED**  
**Oct 26, 2010**  
**Secretary of State**

**Entity Name:** TROPICANA RESORT MANAGEMENT, LLC

**Current Principal Place of Business:**

300 HAMDEN DRIVE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

300 HAMDEN DRIVE  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 59-2337972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CONTI, JOHN  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGR  
Name: DIGIOVANNI, GUS  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGR  
Name: CARRIERA, FRANK  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786

I hereby 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

10/26/2010

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