

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007581

FILED
Apr 19, 2008
Secretary of State

Entity Name: TROPICANA RESORT MOTELS, L.L.C.

Current Principal Place of Business:

300 HAMDEN DR
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

300 HAMDEN DR
CLEARWATER BEACH, FL 33767

New Mailing Address:

FEI Number: 34-1978256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGIOVANNI, AGOSTINO
163 BAYSIDE DRIVE
CLEARWATER, FL 33767 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: P () Delete
Name: CONTI, JOHN
Address: 103 BELLE ISLE AVE
City-St-Zip: BELLAIR BEACH, FL

Title: VP () Delete
Name: DIGIOVANNI, AGOSTINO
Address: 163 BAYSIDE DR
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: CARRIERA, FRANK
Address: 3040 HOMESTEAD OAKS
City-St-Zip: CLEARWATER, FL 33759

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: JOHN CONTI

P

04/19/2008

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