
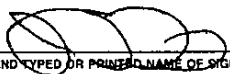


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90082 021 \*\*\*\*50.00

<b>DOCUMENT # L04000089814</b> 1. Entity Name <b>TRUMPY-80 LLC</b>			
Principal Place of Business <b>223 PERUVIAN AVENUE PALM BEACH, FL 33480</b>		Mailing Address <b>223 PERUVIAN AVENUE PALM BEACH, FL 33480</b>	
2. Principal Place of Business <b>217 PERUVIAN AVENUE</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>PALM BEACH, FL</b> Zip <b>33480</b>		3. Mailing Address <b>217 PERUVIAN AVENUE</b> Suite, Apt. #, etc. <b>SUITE 2</b> City & State <b>PALM BEACH, FL</b> Zip <b>33480</b>	
4. FEI Number <b>20-2000654</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04202005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>BROBERG, PETER S 223 PERUVIAN AVENUE PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 4, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARD, JAMES J. III 217 PERUVIAN AVENUE, SUITE 2 PALM BEACH, FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARD, JAMES J. III P.O. Box 2465 PALM BEACH, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARD, JAMES J. III P.O. Box 2465 PALM BEACH, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARD, PATRICIA P.O. Box 2465 PALM BEACH, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		Date <b>4-15-05</b> Daytime Phone #	