2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000008375

1. Entity Name
TROPICANA ONE LLC

Principal Place of Business	Mailing Address
528 BURGUNDY K DELRAY BEACH, FL 33484 US	528 BURGUNDY K DELRAY BEACH, FL 33484 US

01102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2248918
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRVIS, MARK
528 BURGUNDY K
DELRAY BEACH, FL 33484

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

U00000587458
01/17/07-80033-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MIRVIS, MARK
STREET ADDRESS	528 BURGUNDY K
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	MAIBERG, ROMAN
STREET ADDRESS	528 BURGUNDY K
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	KATZ, RUVEN
STREET ADDRESS	528 BURGUNDY K
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGRM
NAME	LUPOLOVER, MARK
STREET ADDRESS	528 BURGUNDY K
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: M Mirvis 1/09/07 (718)891-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #