


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90185 024 ***138.75

DOCUMENT # L05000029896

1. Entity Name
 TRUMP OFFICE CENTER, LLC




Principal Place of Business Mailing Address
 1016 CLEARWATER PLACE 1016 CLEARWATER PLACE
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 400 S. AUSTRALIAN AVE 400 S. AUSTRALIAN AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #300 #300

City & State City & State
 WEST PALM BEACH, FL WEST PALM BEACH, FL
 Zip Zip Country Country
 33401 33401 USA USA

00046061



03192008 Chg-LLC CR2E083 (12/06)

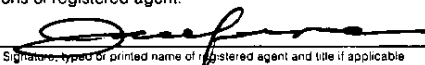
4. FEI Number Applied For
 20-3210650 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOEPEL, JOEL P
 1016 CLEARWATER PLACE
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name: JOEL P. KOEPEL
 Street Address (P.O. Box Number is Not Acceptable): 400 S. AUSTRALIAN AVE
 #300
 City: WEST PALM BEACH FL Zip Code: 33401

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:  DATE: 3/18/08

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEPEL, JOEL P		NAME		
STREET ADDRESS	1016 CLEARWATER PLACE		STREET ADDRESS	400 S. AUSTRALIAN AVENUE, #300	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:  DATE: JOEL P. KOEPEL 3/18/08 561-659-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #