


# 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 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401	Mailing Address 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. #300 City & State WEST PALM BEACH, FL Zip 33401 Country USA	3. Mailing Address 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. #300 City & State WEST PALM BEACH, FL Zip 33401 Country USA
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03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3210650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEPPPEL, JOEL P 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name: JOEL P. KOEPPPEL Street Address (P.O. Box Number is Not Acceptable) 400 S. AUSTRALIAN AVE #300 City: WEST PALM BEACH FL Zip Code: 33401	

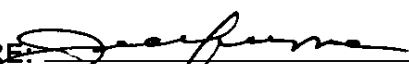
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/18/08  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOEPPPEL, JOEL P 1016 CLEARWATER PLACE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400 S. AUSTRALIAN AVENUE, #300 WEST PALM BEACH, FL 33401 <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	<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
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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 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 3/18/08 561-659-6455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE