2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000030852

1. Entity Name
TRUMP TOWERS II 3502, LLC

60023616

01122007   Chg-LLC   CR2E083 (12/06)

Principal Place of Business	Mailing Address
8020 N.W. 167TH TERRACE MIAMI, FL 33160	8020 N.W. 167TH TERRACE MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number NOT APPLICABLE Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

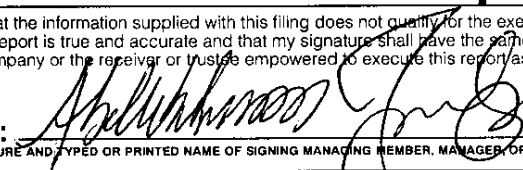| **6.** Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
DADE COUNTY CORPORATE AGENTS, INC. 18901 N.E. 29TH AVE #100 AVENTURA, FL 33180	Name *Abdul-Rahman Jarallu* Street Address (P.O. Box Number is Not Acceptable) *8020 NW 167th Ter* City *miami* FL Zip Code *33016*

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

Make check payable to .
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAHMAN, JARAKI A		NAME	
STREET ADDRESS	8020 N.W. 167TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: _____ 3/11/07

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