FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

97 FEB 24 PM 1:55 1997 DIVISION OF CORPORATIONS **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #L96000001303 1a. Principal Place of Business Address THE DONALD J. TRUMP GOLF CLUB L.C. MAR-A-LAGO 1ar-a-lago 1100 SOUTH OCEAN BLVD. 100 SOUTH OCEAN BLVD. PALM BEACH FL 33480 PALM BEACH FL 33480 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2/13/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Zip Country 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent VAUDES-FAULT CORPORA, TE SERVICES IN 777 SOUTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable) STE 500-EAST TOWER MUST PATM BEACH FT 03401 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers 10, Title **Business Street Address** City, State and Zip Code MGRM TRUMP, DONALD J NAR-A-LAGO 1100 SOUTH OCEANDALM BEACH FL ****212.50 ********212.50

plied with this filing does not qu fy for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information I do hereby certify that the information s all have the same legal effect as if made under oath; that I am a managing member or manager of the indicated on this annual report is true and is report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an limited liability company or the receiver attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAM F SIGNING MANAGING MEMBER OR MANAGER