File on or before May 1, 1998 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR -6 AM 8:50 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE. FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000480 1a. Principal Place of Business Address TRUMP INTERNATIONAL GOLF CLUB, L.C. MAR-A-LAGO MAR-A-LAGO 1100 SOUTH OCEAN BLVD 1100 SOUTH OCEAN BLVD PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 05/05/1997 4. FEI Number FL Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 771 SOUTH FLAGLER DRIVE 500002485405--- C SUITE 500 EAST TOWER Suite, Apt. #, etc. -04/10/98--01099--003 WEST PALM BEACH FL 33401 \*\*\*\*197.50 \*\*\*\*197.50 Zip Code City 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 Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Aprenducint) (NOT). Registered Agent signature required wher reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM TRUMP, DONALD J MAR-A-LAGO 1100 SOUTH OCEA PALM BEACH FL

n supplied with this filing does no id accurate and that my signat qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information 11. I do hereby certify that the informati indicated on this annual report is true eshall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receive this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: