2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				ren 21, 2003 08:00 F	
DOCU	MENT # L97000000480			Se.	cretary of State
1. Entity Name					
IRUMPI	NTERNATIONAL GOLF CLUB, L.C.				
Principal Plac	ce of BusinessMailing Address				
MAR-A-LAGO		EAN BOOK			
1100 SOUTH OCEAN BLVD 1100 SOUTH OCEAN BLVD PALM BEACH, FL 33480 PALM BEACH, FL 33480					
	A STATE OF THE STA				
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DO NOT WRITE IN THIS SPACE				01062005 No Chg-LLC	CR2E083 (10/03)
			CE	4. FEI Number	Applied For
				65-0750446	Not Applicable
				5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required
	Name and Address of Current Registered Agent		12.13		· · · · · · · · · · · · · · · · · · ·
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				DO NOT W	RITE
TALBATAGGEL, I'E GAGOT			IN THIS SF	PACE	
	a named entity submits this statement for the purpose of chang tions of registered agent.	ling its registere	ed office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
list opligat	nona di registerad agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTÉ, Registere	d Agent signalúro required	when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	,			
9.	MANAGING MEMBERS/MANAGERS	· ·	T		
TITLE	MGRM		1		
NAME	TRUMP, DONALD J				
STREET ADDRESS CITY-ST-ZIP	MAR-A-LAGO 1100 SOUTH OCEAN BLVD PALM BEACH, FL 33480				
TITLE		· · · · ·	1	00000 درو مارونور درو	10238763 -80014-002 50.00
NAME				الباهما المناهما المالي	T00014T002 30.00
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TITLE			_	-	
NAME			Ĭ		
STREET ADDRESS CITY+ST-ZIP					
CITY - ST - ZIP	1				

11. I hereby certify that the informatio supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signs are 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 rejeiver or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

V 611

Daytime Phone #