

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008589
1. Entity Name
TROPICANA RESORTS GROUP LLC

Principal Place of Business 11501 S. CLEVELAND AVENUE
 FORT MYERS FL 33907
Mailing Address 11501 S. CLEVELAND AVENUE
 FORT MYERS FL 33907

2. Principal Place of Business 11501 S. CLEVELAND AVE
3. Mailing Address 11501 S. CLEVELAND AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FORT MYERS, FLORIDA
City & State FORT MYERS, FLORIDA
Zip 33907 **Country** USA **Zip** 33907 **Country** USA

6. Name and Address of Current Registered Agent
 PATEL, RAKESH
 11501 S. CLEVELAND AVENUE
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent
Name PATEL, RAKESH
Street Address (P.O. Box Number is Not Acceptable) 11501 S. CLEVELAND AVE.
City FORT MYERS **FL** **Zip Code** 33907

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.
SIGNATURE *[Signature]* **DATE** 8/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001
 300004610583--6
 -09/25/01--01080--003
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAKESH 11501 S. CLEVELAND AVENUE FORT MYERS FL 33907 <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	MGR PATEL, RAKESH 152 SAN FELIPE ROAD HOLLISTER CA 95023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, RAKESH 11501 S. CLEVELAND AVE. FORT MYERS, FL 33907 <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
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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 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 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: *[Signature]* **REQUIRED** **DATE** 8/26/01 **9419263993**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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