



2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90133 039 \*\*\*\*50.00

|  |  |   |                              |  |  |
|--|--|---|------------------------------|--|--|
| <b>DOCUMENT # M04000001947</b><br>1. Entity Name<br><b>CAESARS PROPERTIES, LLC</b>   |  |   |                              |   |  |
| Principal Place of Business<br><b>7469 W. LAKE MEAD BLVD.<br/>SUITE 200<br/>LAS VEGAS, NV 89128-1045</b>   |  |   |                              | Mailing Address<br><b>7469 W. LAKE MEAD BLVD.<br/>SUITE 200<br/>LAS VEGAS, NV 89128-1045</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7477 W. Lake Mead Blvd.</b>   |  | 3. Mailing Address<br><b>7477 W. Lake Mead Blvd.</b>              |                              |    |  |
| Suite, Apt. #, etc.<br><b>Suite # 170</b>  |  | Suite, Apt. #, etc.<br><b>Suite # 170</b>                         |                              |  |  |
| City & State<br><b>Las Vegas, Nevada</b>   |  | City & State<br><b>Las Vegas, Nevada</b>                          |                              |  |  |
| Zip<br><b>89128</b>  |  | Country<br><b>USA</b>   |                              | 4. FEI Number<br><b>20-0957772</b>   |  |
| Zip<br><b>89128</b>  |  | Country<br><b>USA</b>   |                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FAIN, BYRON<br/>611 N MILLS AVE<br/>ORLANDO, FL 32803-4637</b>   |  |   |                              | 7. Name and Address of New Registered Agent<br>Name <b>Fain, Byron</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>611 N MILLS AVE</b><br>City <b>ORLANDO, FL 32803-4637</b> |  |
| 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.<br>SIGNATURE <u><i>Byron Fain</i></u> <span style="float: right;">DATE <b>MARCH 28, 2007</b></span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>            |  |   |                              |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | <b>Make check payable to<br/>Florida Department of State</b>      |                              |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>FAIN, BYRON<br/>P.O. BOX 536008<br/>ORLANDO, FL 328536008</b> | <input type="checkbox"/> Delete                                   |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |                              |  |  |
| <b>SIGNATURE: <u>Byron Fain</u> Byron Fain</b>   |  |   |                              | Date <b>March 28, 2007</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |                              | Daytime Phone # <b>407 443-8920</b>  |  |