

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90048 018 ****50.00

DOCUMENT # M05000002770

1. Entity Name

TRUMP UNIVERSITY LLC



Principal Place of Business

725 FIFTH AVENUE
NEW YORK NY 10022

Mailing Address

725 FIFTH AVENUE
NEW YORK NY 10022

40 Wall St, FL 32

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

40 Wall St, FL 32

Suite, Apt. #, etc.

Suite, Apt. #, etc.

New York, NY

New York, NY

City & State

City & State

Zip 10005

Country USA

Zip 10005

Country USA

2nd MOORE

CR2E083 (4/07)

4. FEI Number 20-1806597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON FL 33331

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DJT UNIVERSITY MANAGING MEMBER, LLC ☒ Delete
STREET ADDRESS 725 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10022

TITLE Manager
NAME Trump University LLC ☒ Change ☒ Addition
STREET ADDRESS 40 Wall St, FL 32
CITY-ST-ZIP New York, NY 10005

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #