2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003177

1. Entity Name
TRUMP LAS OLAS LLC



FILED Apr 25, 2007 08:00 Al Secretary of State

Principal Place of Business

C/O MAR-A-LAGO CLUB 1100 S. OCEAN BLVD. PALM BEACH, FL 33480

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINI

Mailing Address

C/O MÁR-A-LAGO CLUB 1100 S. OCEAN BLVD. PALM BEACH, FL 33480



04112007 No Chg-LLC

CR2E083 (11/05)

Daylime Phone #

	 	
4. FEI Number	Applied F	or
20-3002601	Not Appli	cable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

77201011	112 33301	IN 1	THIS SPACE	
	named entity submits this statement for the purpose of charitions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGR TRUMP FLORIDA MANAGER CORP. 1100 S. OCEAN BLVD. PLAM BEACH, FL 33480		U00000729786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000729786 05/08/07-80053-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature holidy company or the receive nor trusted empowered to expense.	qualify for the exemptions contained in Chapter 11 half have the same legal effect as if made under o cute this report as required by Chapter 608. Florid	Florida Statutes. I further certify that the information ath: that I am a managing member or manager of the a Statutes.	

EBBER, OR AUTHORIZED REPRESENTATIVE