2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000003177

1. Entity Name

TRUMP LAS OLAS LLC

Mailing Address

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

Principal Place of Business

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

FILED Apr 14, 2008 08:00 Al Secretary of State



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
20-3002601	Not Applicable
5 Certificate of Status Desired	\$5.00 Additional

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

	ive named entity submits this statement for the purpose of cha gations of registered agent.	anging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accep
SIGNATOR	Signature, typed or printed name of registered agent and little (i applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$138.75 ay 1, 2008 Fee will be \$538.75		U00000896192 04/24/08-80098-003 138.75
9.	MANAGING MEMBERS/MANAGERS	李元元 10年 10年 8年 4年 5月 2月 10 日	es trace out, origin en parcer to the trace.

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	TRUMP FLORIDA MANAGER CORP.	
STREET ADDRESS	1100 S. OCEAN BLVD.	
CITY-ST-ZIP	PLAM BEACH, FL 33480	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY+ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS	4	
CITY-ST-ZIP	• • • • •	
11. I hereby carity that the information supplied with this filing does not qualify for the ex-		

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IN THIS SPACE

1. I hereby carily hal-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 relativer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08

Daytime Phone #