

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M06000005927</b> 1. Entity Name TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	
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**FILED**  
**Sep 18, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 725 FIFTH AVENUE, 26TH FLOOR NEW YORK, NY 10022	Mailing Address 725 FIFTH AVENUE, 26TH FLOOR NEW YORK, NY 10022
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08262008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5075337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

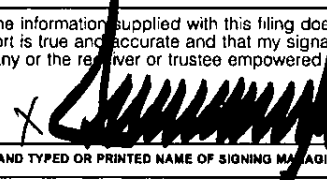
**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIHM MEMBER CORP. 725 FIFTH AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)

U00000959868  
 09/18/08-80003-004 538.75

DO NOT WRITE  
IN THIS SPACE

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:       09/11/08      (813) 832-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #