

**\*Amended\***  
**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000008957

08-11-2002 90169 008 \*\*\*\*50.00  
 L01000008957

1. Entity Name  
**TROPICANA REDEVELOPMENT, LLC**

**FILED**  
 02 SEP -5 AM 11:01  
 SECRETARY OF STATE  
 TALLAHASSEE

Principal Place of Business Mailing Address  
 ONE PROGRESS PLAZA SUITE 450 ONE PROGRESS PLAZA SUITE 450  
 200 CENTRAL AVENUE 200 CENTRAL AVENUE  
 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **593725365** 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

**OTTINGER, DAVID J**  
 401 EAST JACKSONV. STREET  
 SUITE 2700  
 TAMPA FL 33602

Name **Jimmy AVIRAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~ONE PROGRESS PLAZA SUITE 450~~  
**200 Central Avenue**  
 City **St Petersburg** FL Zip Code **33707**

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]* DATE **9/2/02**

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State  
 Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVIRAM Family Corporation</b> <input checked="" type="checkbox"/> Delete ONE PROGRESS PLAZA SUITE 450 ST Petersburg FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TROPICANA PARTNERS</del> <input type="checkbox"/> Delete 100 S. Biscayne Blvd #100 Miami FLA 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMENDED</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BK</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2002</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UBR</b>	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED Jimmy AVIRAM** 7-19-02 7278034370  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)

**BK**