


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90067 028 ****50.00

DOCUMENT # L01000009200

1. Entity Name
 TROPICANA PARTNERS, LLC



Principal Place of Business 100 SOUTH BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131	Mailing Address 100 SOUTH BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

40059347



02152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1114884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME
 100 SOUTH BISCAYNE BLVD. SUITE 1100
 MIAMI, FL 33131

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD., #1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLO, WAYNE 100 S BISCAYNE BLVD #1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLO, JEROME 100 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *J. A. Hollo* Date: 4/12/06 Daytime Phone # _____

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