

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004946

Entity Name: TRUMP HOLDINGS, LLC

Current Principal Place of Business:

4000 ISLAND BLVD. PH2
AVENTURA, FL 33160

Current Mailing Address:

4000 ISLAND BLVD. PH2
AVENTURA, FL 33160

FEI Number: 46-3337028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name TRUMP, EDDIE
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title AUTHORIZED MEMBER
Name TRUMP, JULIUS
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title CHAIRMAN
Name TRUMP, EDDIE
Address 4000 ISLAND BLVD., PH-2
City-State-Zip: AVENTURA FL 33160

Title C
Name TRUMP, JULIUS
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name LIEB, JAMES
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title EVP
Name HIRSCH, MARK S
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title SVP
Name TODES, MARK
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title AVP
Name TORPEY, CARITE L
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARITE L TORPEY

AVP

04/25/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name TH CO MANAGEMENT, INC
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160

Title SVP
Name TRUMP, JOSHUA
Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160