2015 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

FILED Apr 30, 2015

Secretary of State

CC0356177432

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name TRUMP, EDDIE Name TRUMP, JULIUS

Address 4000 ISLAND BLVD. PH2 Address 4000 ISLAND BLVD. PH2
City-State-Zip: AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160

Title CHAIRMAN Title C

Name TRUMP, EDDIE Name TRUMP, JULIUS

Address 4000 ISLAND BLVD., PH-2 Address 4000 ISLAND BLVD. PH2

City-State-Zip: AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160

Title EVP Title EVP

NameLIEB, JAMESNameHIRSCH, MARK SAddressPO BOX 186Address41 MADISON AVE
SUITE 4101

City-State-Zip: EAST BRUNSWICK NJ 08816 City-State-Zip: NEW YORK NY 10010

Title SVP Title

Name TODES, MARK Name TORPEY, CARITE L

Address 41 MADISON AVE SUITE 4101 Address PO BOX 186

City-State-Zip: NEW YORK NY 10010 City-State-Zip: EAST BRUNSWICK NJ 08816

Continues on page 2

AVP

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: JAMES LIEB EVP 04/30/2015

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