Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SHAMROCK ADVENTURE XXXX, LTD.  FILED  1 HAY -1 PM 12: 32  SECRETARY OF STATE FALLAHASSEE, FLORIDA  A Principal Pace of Business  2 A Principal Pace of Business  3 Mailing Address  A Principal Pace of Business  3 Mailing Address  3 Mailing Address  4 FIG Number 17606 (5521  Coy & State  Coy	DOCU		9000001346				,			8
Amount Place of Business Amiling Address 200 FOUNTAINNEW SUITE 601 HOUSTON TX 7757  2. Firriopial Place of Business Solito, Apt. #, etc.  City & State Coverity City & S	•					FILED				
Mailing Address SUR FOUR FOUR SURE OF A CONTRAINMENT SURE OF HOUSTON TX 77057  2. Principal Piece of Business  3. Mailing Address  4. FEI Number 78-06 16521  A Papalead For Principal Piece of Business  4. FEI Number 78-06 16521  A Papalead For Principal Piece of Business  5. Out Number 1 Principal Piece of Business  6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Street Address of Piece Required  9. Courrey  10. Supplementary submits 1/16 station representation the purpose of changing its sepatement of the purpose of changing its sepatemen	0.0.00					L THAY	-1 PM 12: 32			
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2. Principal Place of Business  Suite, Apt F. etc.  City & State  City & State  Country  Application  For Country  Application  Sold Application  Sold Address of Current Registered Agent  For Inquired  For Enquired  For Enquired  For Enquired  The Mahil  Street Address (P.O. Box Number is Not Acceptable)  City FL	HOUSTON TX	77057	HOUSTON TX 77057							
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Cry & State  Cry & State  Cry & State  Country  S. Certificate of Status Desired  Registered Agent  Name  CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD.  1000 MIAMI CENTER  MAMI FL 33131  S. The above ramed entity submits this statement for the purpose of changing is  Cry FL  Topicas, byset or primary where this statement for the purpose of changing is  Cry S. The above ramed entity submits this statement for the purpose of changing is  Cry FL  Topicas, byset or primary where this statement for the purpose of changing is  Cry FL  Topicas, byset or primary where this statement for the purpose of changing is  Cry S. The above ramed entity submits this statement for the purpose of changing is  Cry S. Capital Countries in Not Acceptable)  Topicas, byset or primary where this statement for the purpose of changing is  Cry S. Capital Countries in Not Acceptable)  Cry FL  Zip Coode  The above ramed entity submits this statement for the purpose of changing is  Cry S. Capital Countries in Not Acceptable)  Cry FL  Zip Coode  This State of Porida.  Signary Agent System of State is Not Acceptable)  Cry S. Topicas, byset or primary where this statement for the purpose of changing is  Signary Agent System of State is Not Acceptable)  Cry S. Topicas, byset or primary where this statement for the purpose of changing is  Signary Agent System of Statement State Statement Sta	2. Principal P	lace of Business	3. Mailing Address	-						
Zip Country S. Cardificate of Status Desired Status Desired S. Cardificate of Status Desired S. S. Addisional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CORPORATION COMPANY OF MAMI 201 SOUTH BISCAYNE BLVD.  1600 MAMI CENTER  MAMI FL 33131  8. The above ramed entity submits this statement for the purpose of changing its signature office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions 3 SCONATO Floridations 4 SCONATO Floridations 4 SCONATO Floridations 4 SCONATO Floridations 5 SER REFERES SIDE FOR FLORIDATION 12. GENERAL PARTISET HAT IS A BUSINESS EN TIT MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE.  NOTE: General Partners MAY NOT be changed on 1 of form; a memodement must be filed to change ageneral partners.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  14. ADDRESS CHANGES ONLY  15. CENTER ADDRESS 17. STORY OF	Suite Ant # etc Suite Act. # etc.				DO NOT WRITE IN THIS SPACE					
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6. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  Name  CORPORATION COMPANY OF MAMI 201 SOUTH BISCAYNE BLVD.  1800 MAMI CENTER  MAMI FL 33131  8. The above named entity submits this statement for the purpose of chenging its egistered office or registered agent, or both, in the State of Floride.  SIGNATURE  9. Capital Contributions  as Shown or rectord.  9. Capital Contributions  AGENERAL PARTINER THAT IS A BUSINESS EN ITY MUST BE REGISTERED AND ACTIVE WITH THIS persent agent and partners.  12. GENERAL PARTINER INFORMATION  13. MADDRESS CHANGES ONLY  14. CIPRAL PARTINER INFORMATION  15. SIGNARI, PARTINER INFORMATION  16. THE ADDRESS OF THAT IS A BUSINESS EN ITY MUST BE REGISTERED AND ACTIVE WITH THIS persent agent and partner.  17. GENERAL PARTINER INFORMATION  18. THE ADDRESS OF AND ACTIVE WITH THIS persent agent and partner.  18. GENERAL PARTINER INFORMATION  19. CIPRAL PARTINER INFORMATION  19. CIP	City & State	9	City & State		70 0040E04				<del>· ·</del>	3
CORPORATION COMPANY OF MAMI 201 SOUTH BISCAYNE BLVD. 1600 MAMI CENTER MIAMI FL 33131  6. The above named entity submits this statement for the purpose of changing its squisered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions \$980.00  10. Amount of Capital Contributions Shown or record.  A General Partners May Not Do changed on in FLORIDA to disc.  NOTE: General Partners May Not Do changed on its form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  14. CIPY-ST-2P  GENERAL PARTNER INFORMATION  15. STREET ADDRESS  17. S-7.2P  HOUSTON TX 77024  STREET ADDRESS  17. S-7.2P  GENERAL PARTNER INFORMATION  18. STREET ADDRESS  18. CIPY-ST-2P  GENERAL PARTNER INFORMATION  19. STREET ADDRESS  19. CIPY-ST-2P  GENERAL PARTNER INFORMATION  19. STREET ADDRESS  19. CIPY-ST-2P  GENERAL PARTNER INFORMATION  19. STREET ADDRESS  19. CIPY-ST-2P  19. CIPY-ST-2	Zip	Country	Zip	ip Country		5. Certificate of	of Status Desired			
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14. Thereby 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				CIT	Y-ST-ZIP		·			
	14.   hereby o	certify that the information supp	olied with this filing does not qualify fo	the exe	emption stated in	Section 119.07(3)(i)	, Florida Statutes. I further	certify that the	information	or .