


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014196
1. Entity Name
SHAMROCK CUSTOM BUILDERS, L.L.C.



Principal Place of Business 1040 COLLIER CENTER WAY #1 NAPLES, FL 34110	Mailing Address 1040 COLLIER CENTER WAY #1 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



08162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3772826	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

**CONROY, J. THOMAS III
2640 GOLDEN GATE PKWY., STE. 115
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAPIN, W.E. III 1040 COLLIER CENTER WAY NAPLES, FL 34110
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08/19/05-80002-002 50.00

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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: W.E. Chapin 8-15-05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #