



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 033 ****50.00

DOCUMENT # L05000033085					
1. Entity Name SHAMROCK DESIGNS AND SERVICES, LLC					
Principal Place of Business 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309			Mailing Address 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309		
2. Principal Place of Business 3201 SHAMROCK SOUTH Suite, Apt. #, etc. # 104 City & State TALLAHASSEE, FL Zip 32309		3. Mailing Address 3201 SHAMROCK SOUTH Suite, Apt. #, etc. # 104 City & State TALLAHASSEE, FL Zip 32309			
02282008 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2638538	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WATSON, ROBERT B 3108 ANSLEY PARK DRIVE TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name <u>ROBERT B. WATSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>2773 VASSAT RD.</u> City <u>TALLAHASSEE</u> <u>FL</u> Zip Code <u>32309</u>		
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 <u>Robert B. Watson</u> <u>MANAGING MEMBER</u> <u>3/2/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS ROBERT B. WATSON 2773 VASSAT RD. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Robert B. Watson</u> <u>ROBERT B. WATSON</u>			<u>3/2/06</u>		<u>850-294-4119</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>