

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 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



04132006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3772826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHAPIN, W.E. III
STREET ADDRESS	1040 COLLIER CENTER WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000562653  
05/19/06-80064-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06

Date

Daytime Phone # \_\_\_\_\_