2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L04000045869

Entity Name: SHAMROCK BEACH RESORT, LLC

Current Principal Place of Business:

2201 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

9845 CITADEL LANE
UNIT 104-N
BONITA SPRINGS, FL 34135

New Mailing Address:

48 FAIRVIEW BLVD.
FORT MYERS BEACH, FL 33931

FEI Number: 05-0606697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEATHERINGTON, BEN
9845 CITADEL LANE
UNIT #104-N
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

CAPE CORAL ACCOUNTING SERVICE (CCAS)
3501 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904 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: PAUL LARROW 02/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEATHERINGTON, BEN
Address: 9845 CITADEL LANE, UNIT 104-N
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR ( ) Delete
Name: VONPLINSKY, MICHAEL J
Address: 48 FAIRVIEW BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEATHERINGTON, BEN
Address: 16263 RAVINA WAY
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: M. VONPLINSKY MBR 02/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date