

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/29/2002-90003-043-\$55.00-\$55.00

DOCUMENT # L01000006652

1. Entity Name

SHAMROCK PARTNERS, LLC

FILED

02 OCT 28 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O KEITH J. KANOUSE  
SUITE 324 ATRIUM, 2255 GLADES RD.  
BOCA RATON FL 33431

Mailing Address

C/O KEITH J. KANOUSE  
SUITE 324 ATRIUM, 2255 GLADES RD.  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

8397 E. CLUB RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON

Zip

Country

33433

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. Filing Number

10/16  
48-122-0436

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANOUSE, KEITH J SR.

2255 GLADES ROAD

SUITE 324 ATRIUM

BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, JOSEPH R 10349 ASH OVERLAND PARK KS 66207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

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

Sep 23 2002

Daytime Phone #

482-1151

CR2E083 (4/02)