
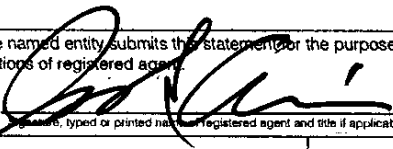



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 038 ****55.00

DOCUMENT # L01000006652 1. Entity Name SHAMROCK PARTNERS, LLC			
Principal Place of Business C/O KEITH J. KANOUSE SUITE 324 ATRIUM, 2255 GLADES RD. BOCA RATON, FL 33431		Mailing Address TRUMAN ANNEX, SHIPYARD 293 620 THOMAS ST KEY WEST, FL 33040	
2. Principal Place of Business 3800 SOUTH OCEAN PK. Suite, Apt. #, etc. 1512 City & State HOLLYWOOD, FL Zip 33019 Country BROWARD		3. Mailing Address 3800 SOUTH OCEAN DR. Suite, Apt. #, etc. 1512 City & State HOLLYWOOD, FL Zip 33019 Country BROWARD	
4. FEI Number 48-1220436		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fees Required		05232005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent KANOUSE, KEITH J SR. 2255 GLADES ROAD SUITE 324 ATRIUM BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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  DATE JUNE 6, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, JOSEPH R TRUMAN ANNEX SHIPYARD 293 KEY WEST, FL 33040 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MARTENS, PATRICK 109 WEST 65TH ST. KANSAAS CITY, MO. 64113 <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		
10. ADDITIONS/CHANGES			
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		
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		
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:  DATE JUNE 6, 2005 954-456-9231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			