FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90018 037 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/7

DOCUMENT # L01000006652

1. Entity Name
SHAMROCK PARTNERS, LLC

Principal Place of Business	Mailing Address
3800 SOUTH OCEAN PL 1512 HOLLYWOOD, FL 33019	3800 SOUTH OCEAN PL 1512 HOLLYWOOD, FL 33019

04272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3430 GALT OCEAN DR.			
Suite, Apt. #, etc. 309		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE		City & State	
Zip FLA	Country 33308	Zip	Country

4. FEI Number 48-1220436 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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 ________ MAY 31, 2006
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	O'BRIEN, JOSEPH R	
STREET ADDRESS	TRUMAN ANNEX SHIPYARD 293	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	MGRM	☑ Delete
NAME	MARTENS, PATRICK	
STREET ADDRESS	109 WEST 65TH STREET	
CITY-ST-ZIP	KANSAS CITY, MO 64113	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: ________ MAY 31 2006 561-699-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #