

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004371

Entity Name: SHAMROCK PARK, LLC

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

PMB #232  
15201 N. CLEVELAND AVE.  
NORTH FORT MYERS, FL 33903

## New Principal Place of Business:

## Current Mailing Address:

PMB #232  
15201 N. CLEVELAND AVE.  
NORTH FORT MYERS, FL 33903

## New Mailing Address:

FEI Number: 43-1956536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDY, WILLIAM T  
201 NICHOLAS PARKWAY WEST  
CAPE CORAL, FL 339912590 US

## Name and Address of New Registered Agent:

MCGRATH, KEVIN O  
15201 N. CLEVELAND AVE., PMB#232  
N. FT. MYERS, FL 33903 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: KEVIN O. MCGRATH

01/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCGRATH, GAYLE  
Address: 15201 N CLEVELAND AVE. # 232  
City-St-Zip: N. FORT MYERS, FL 33903

Title: MGRM ( ) Delete  
Name: MCGRATH, KEVIN  
Address: 15201 N CLEVELAND AVE. # 232  
City-St-Zip: N. FORT MYERS, FL 33903

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GAYLE S. MCGRATH

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date