

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004371

Entity Name: SHAMROCK PARK, LLC

**FILED**  
**Jan 10, 2010**  
**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

MM

01/10/2010

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