

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014007

FILED
Oct 06, 2006
Secretary of State

Entity Name: SHAMROCK AT THE GABLES LLC

Current Principal Place of Business:

2270-80 SW 32 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

4001 N. PINE ISLAND
FORT LAUDERDALE, FL 33351

New Mailing Address:

FEI Number: 41-6506489 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHUMAN, ROSA M
4001 N. PINE ISLAND
FORT LAUDERDALE, FL 33351 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: CARLOS Z CHUMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHUMAN, CARALOS ZOE
Address: 12615 SW 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: CHUMAN, ROSA MARIA
Address: 12615 SW 91 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: VUCKOVICH, BRANKO
Address: 337 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: VUCKOVICH, MARIA JOSE
Address: 337 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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

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

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 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: CARLOS Z CHUMAN

MGR

10/06/2006

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