# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2007**
**Secretary of State**

DOCUMENT# L02000014007

**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 ISLAN D
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:**

CHUMAN, ROSA M
4001 N. PINE ISLAND
FORT LAUDERDALE, FL 33351 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 | ( ) 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 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: ROSA M CHUMAN P 05/01/2007

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