

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000033303**

**1. Entity Name**  
**SHAMROCK ENTERPRISES, L.L.C.**



**Principal Place of Business**

**2809 EAST JACKSON STREET  
ORLANDO, FL 32803**

**Mailing Address**

**2809 EAST JACKSON STREET  
ORLANDO, FL 32803**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**03-0499023**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, DEBRA S  
2809 EAST JACKSON STREET  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** JOHNSON, DEBRA S  
**STREET ADDRESS** 2809 E. JACKSON ST.  
**CITY-ST-ZIP** ORLANDO, FL 32803

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IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/13/08 (407) 228-1983