

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90183 018 \*\*\*\*50.00

**DOCUMENT # L03000011367**

1. Entity Name  
**SHAMROCK, LLC**



Principal Place of Business Mailing Address  
126 VIZCAYA ESTATES DRIVE 126 VIZCAYA ESTATES DRIVE  
PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
20-3269810 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S ESQ**  
3801 PGA BOULEVARD  
SUITE 802  
PALM BEACH GARDENS, FL 33410

## 7. Name and Address of New Registered Agent

Name **Stuart R. Morris, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7000 W. Palmetto Park Road**  
Suite 310  
City **Boca Raton** **FL** Zip Code **33433**

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

02/20/2007

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **REILLY, ROBERTA**  
STREET ADDRESS **126 VIZCAYA ESTATES DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGRM** ☐ Delete  
NAME **REILLY, ROBERTA**  
STREET ADDRESS **126 VIZCAYA ESTATES DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **MGRM** ☐ Delete  
NAME **MICHAEL A. O DONOGHUE IRREVOCABLE TRUST**  
STREET ADDRESS **126 VIZCAYA ESTATES DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/25/07 (561) 625-1167