

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015711

FILED
Apr 30, 2005
Secretary of State

Entity Name: SHAMROCK OF NAPLES, LLC

Current Principal Place of Business:

985 FIFTH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

160 NINTH STREET SOUTH
NAPLES, FL 34102

Current Mailing Address:

985 FIFTH AVENUE NORTH
NAPLES, FL 34102

New Mailing Address:

160 NINTH STREET SOUTH
NAPLES, FL 34102

FEI Number: 34-1986364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAVIELLO, MICHAEL A JR.
1025 FIFTH AVENUE NORTH
NAPLES, FL 34102 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/MEMBERS:

Title: MGRM () Delete
Name: KELLY, THOMAS F SR.
Address: 985 FIFTH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: KELLY, HELEN
Address: 985 FIFTH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELLY, THOMAS F SR.
Address: 160 NINTH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: KELLY, HELEN
Address: 160 NINTH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS F. KELLY SR

MGRM

04/30/2005

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