

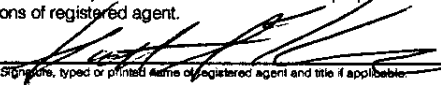



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90347 047 ****50.00

DOCUMENT # L03000018993 1. Entity Name LESLIE HILL INVESTMENT, LLC					
Principal Place of Business 650 SOUTH CHERRY STREET SUITE 920 DENVER, CO 80246 US			Mailing Address 650 SOUTH CHERRY STREET SUITE 920 DENVER, CO 80246 US		
2. Principal Place of Business 36 BARBARA RD Suite, Apt. #, etc.		3. Mailing Address 2254 PALM TREE DR Suite, Apt. #, etc.			
City & State SUDBURY MA		City & State PONTA GORDA, FL		4. FEI Number 01292004 Chg-LLC CR2E083 (10/03)	
Zip 01776		Zip 33950		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country USA		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOSTER, DAVE 2516 SE 34TH PLACE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name SCOTT KAPIN Street Address (P.O. Box Number is Not Acceptable) 2254 PALM TREE DR. City PONTA GORDA FL Zip Code 33950	
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  DATE 4/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAMROCK HOLDINGS GROUP, LLC 650 SOUTH CHERRY ST, SUITE 920 DENVER, CO 80246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPHEN H. KAPIN 36 BARBARA RD SUDBURY, MA 01776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBERTA J. KAPIN 36 BARBARA RD SUDBURY, MA 01776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date 4-1-04 Daytime Phone # 978443.3515		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					