


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021208 1. Entity Name SLEMISH MOUNTAIN INVESTMENT, LLC	
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Principal Place of Business C/O DELOS E. SPENCER AND MARICA R. SP 704 EAST PERKINS STREET MEDFORD WI 54451 US	Mailing Address C/O DELOS E. SPENCER AND MARICA R. SP 704 EAST PERKINS STREET MEDFORD WI 54451 US
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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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 Street Address (P O, Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAMROCK HOLDINGS GROUP, LLC 650 SOUTH CHERRY STREET, SUITE 920 DENVER CO 80246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000219626 02/08/05-80033-010 50.00
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Delos E. Spencer **Delos E. SPENCER** 2/4/05 (715) 360-2982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #