

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90197 040 \*\*\*\*50.00

<b>DOCUMENT # L03000023765</b>					
<b>1. Entity Name</b> SHAMROCK LANE FARM, LLC					
<b>Principal Place of Business</b> 12093 LONGWOOD GREEN DRIVE WELLINGTON FL 33414 US			<b>Mailing Address</b> 12093 LONGWOOD GREEN DRIVE WELLINGTON FL 33414 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> NA	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KNEEN, JEFFREY-D 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH FL 33401				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> DIANNE DUDIAK MEMBER	STREET ADDRESS 12093 LONGWOOD GREEN DR.		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b> WELLINGTON FL 33414	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> VICE PRESIDENT	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> TARI LACKIN MEMBER	STREET ADDRESS 13227 60th ST S		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b> WELLINGTON FL 33414	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> SECRETARY	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> DAVID LACKIN MEMBER	STREET ADDRESS 13227 60th ST S		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b> WELLINGTON FL	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	STREET ADDRESS		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	STREET ADDRESS		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	STREET ADDRESS		<b>NAME</b>	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Dianne Dudiake</i>			<i>Jul 22 04 561 784 8155</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		