

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023765

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SHAMROCK LANE FARM, LLC

**Current Principal Place of Business:**

12093 LONGWOOD GREEN DRIVE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

12093 LONGWOOD GREEN DRIVE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNEEN, JEFFREY D  
1601 FORUM PLACE  
SUITE 300  
WEST PALM BEACH, FL 33401 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/MANAGERS:**

Title: P ( ) Delete  
Name: DUDIAK, DIANNE  
Address: 12093 LONGWOOD GREEN DR.  
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete  
Name: LARKIN, TARI  
Address: 13227 60TH ST S  
City-St-Zip: WELLINGTON, FL 33465

Title: S ( ) Delete  
Name: LARKIN, DAVID  
Address: 13227 60TH ST S  
City-St-Zip: WELLINGTON, FL

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANNE DUDIAK

P

03/23/2009

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