

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90078 033 \*\*\*\*50.00

DOCUMENT # L03000032824

1. Entity Name

SHAMROCK PARTNERS, LLC



Principal Place of Business

5232 S.W. BIMINI CIRCLE NORTH  
PALM CITY FL 34990

Mailing Address

5232 S.W. BIMINI CIRCLE NORTH  
PALM CITY FL 34990

2. Principal Place of Business

31 SE HARBOR POINT DRIVE

Suite, Apt. #, etc.

3. Mailing Address

31 SE HARBOR POINT DRIVE

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, FL

4. FEI Number

20-0753220

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROBERT O. BARATTA

Street Address (P.O. Box Number is Not Acceptable)

31 S.E. HARBOR POINT DRIVE

City

Stuart

FL

Zip Code

34996

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: *Robert O. Baratta* President ROBERT O. BARATTA President 4-24-04  
Signature, typed or printed name of registered agent and title if applicable. (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, 2004**

9. C/P/MANAGER MANAGING MEMBERS/MANAGERS

TITLE: ROBERT O. BARATTA ☐ Delete  
NAME: 31 SE HARBOR POINT DRIVE  
STREET ADDRESS: STUART, FL 34996  
CITY-ST-ZIP:

TITLE: MANAGER ☐ Delete  
NAME: ANTHONY BASSO  
STREET ADDRESS: 3882 SW INWOOD PINES LANE  
CITY-ST-ZIP: PALM CITY, FL 34990

TITLE: MANAGER ☐ Delete  
NAME: LAWRENCE KLAUSNER  
STREET ADDRESS: 746 HAMPTON WOODS LANE, SW  
CITY-ST-ZIP: VERO BEACH, FL 32962

TITLE: MANAGER ☐ Delete  
NAME: CATHERINE T. GILBERTI  
STREET ADDRESS: 150 MAIN STREET  
CITY-ST-ZIP: ROSLYN, N.Y. 11576-2131

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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: *Robert O. Baratta* President, Manager ROBERT O. BARATTA, PRES. 4-24-04 772-283-6658  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #