

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90382 045 ****55.00

DOCUMENT # L03000052272					
1. Entity Name DERBYSHIRE 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 12240 S.W. AUSTIN AVE Suite, Apt. #, etc.		3. Mailing Address 12240 SW AUSTIN AVE Suite, Apt. #, etc.			
City & State LAKE SUZY FL Zip 34269 Country DESOTO		City & State LAKE SUZY, FL Zip 34269 Country DESOTO		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For 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 PAUL T. KINGSTON Street Address (P.O. Box Number is Not Acceptable) 12240 SW AUSTIN AVE City LAKE SUZY FL Zip Code 34269		
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 <u>PAUL T. KINGSTON</u> DATE <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		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	MGRM PAUL T. KINGSTON 12240 SW AUSTIN AVE LAKE SUZY, FL 34269	<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
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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: <u>PAUL T. KINGSTON</u>			DATE <u>3/15/05</u> DAYTIME PHONE # <u>941-628-1745</u>		