

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90059 023 ****55.00

DOCUMENT # L04000003508 1. Entity Name NOTTINGHAMSHIRE INVESTMENT, LLC					
Principal Place of Business 650 S CHERRY ST. SUITE 920 DENVER, CO 80246 US			Mailing Address 650 S CHERRY ST. SUITE 920 DENVER, CO 80246 US		
2. Principal Place of Business 1291 Grand Isle Court		3. Mailing Address 2001 Churchhill Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Naples, FL		City & State Chicago, IL		4. FEI Number Applied For	
Zip 34108		Country United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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 David C. Bourgeau Street Address (P.O. Box Number is Not Acceptable) 2375 Tamiami Trail North, Suite 308 City Naples FL Zip Code 34103			
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 DAVID C. BOURGEOU DATE 2/25/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 S CHERRY ST. SUITE 920 DENVER, CO 80246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nancy J. Kapp 2001 Churchhill Street, Chicago, IL 60647	<input checked="" type="checkbox"/> Change <input checked="" 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
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: DAVID C. BOURGEOU NANCY J. KAPP DATE 2/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					