


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-22-2005 90054 029 ****50.00

DOCUMENT # L04000020087

1. Entity Name
ABERDEENSHIRE INVESTMENT, LLC



Principal Place of Business Mailing Address
650 S CHERRY ST. **650 S CHERRY ST.**
SUITE 920 **SUITE 920**
DENVER, CO 80246 US **DENVER, CO 80246 US**



2. Principal Place of Business 3. Mailing Address
3326 SW 3rd Terrace **3326 SW 3rd Terrace**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04202005 Chg-LLC CR2E083 (10/03)


City & State City & State
Cape Coral, FL **Cape Coral, FL**
 Zip Country Zip Country
33991 **USA** **FL 33991** **USA**

4. FEI Number Applied For
05-0622482 Not Applicable
 5. Certificate of Status Desired \$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 **Claudia C. Hoh**
 Street Address (P.O. Box Number is Not Acceptable)
3326 SW 3rd Terrace
 City **Cape Coral** FL Zip Code **33991**

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  DATE **4/20/05**

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 Helga E. Hoh 24330 Sandpiper Isle Way #401 Bonita Springs, FL 34134 <input 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	MGRM Constance W. Hoh Zorn 7435 Plumbago Bridge Rd #202 Naples, FL 34109 <input 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	MGRM Claudia C. Hoh 3326 SW 3rd Terrace Cape Coral, FL 33991 <input 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
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 606, Florida Statutes.

SIGNATURE:  DATE **4/20/05** DAYTIME PHONE # **289-283-5212**