


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90032 001 ***330.00

DOCUMENT # L04000042959					
1. Entity Name SHAMROCK PROPERTIES OF VERO BEACH NO. SIX, L.L.C.					
Principal Place of Business			Mailing Address		
3644 GALWAY LANE ORMOND BEACH FL 32174			SAME		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOUMAR, RAYMOND A ESQ 1177 S.E. 3RD AVE FORT LAUDERDALE, FL 33316				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		CLIENT COPY		Make check payable to Florida Department of State	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE	MGRM	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, EDWARD T	NAME			
STREET ADDRESS	TOWNHOUSE #2 #206-1063 HILLSBORO MILE	STREET ADDRESS			
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	CITY - ST - ZIP			
TITLE	EDWARD T. O'BRIEN	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD T. O'BRIEN	NAME			
STREET ADDRESS	3644 GALWAY LANE	STREET ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL 32174	CITY - ST - ZIP			
TITLE		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: 		Date: 4/29/05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					