

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046021

FILED
Aug 08, 2005
Secretary of State

Entity Name: THE SHAMROCK AT BOYNTON BEACH LLC

Current Principal Place of Business:

C/O C ARLOS ZOE CHUMAN
4001 N. PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

C/O C ARLOS ZOE CHUMAN
4001 N. PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHUMAN, CARLOS ZOE
4001 N PINE ISLAND ROAD
SUNRISE, FL 33351 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHUMAHN, CARLOS ZOE
Address: 4001 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: CHUMAHN, ROSA MARIA
Address: 4001 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHUMAN, CARLOS ZOE
Address: 4001 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

Title: MGR (X) Change () Addition
Name: CHUMAN, ROSA MARIA
Address: 4001 N PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS Z. CHUMAN

MD

08/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date