


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90021 048 ****55.00

DOCUMENT # L04000046128 1. Entity Name STIRLINGSHIRE 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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address SAMUEL T. DHANRAS 1370 39TH STREETS-W Suite, Apt. #, etc. NAPLES FL City & State Zip Country 34117 COLLIER			
4. FEI Number 76-07896 18			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			1st MOORE CR2E083 (10/04)		
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 SAMUEL T. DHANRAS Street Address (P.O. Box Number is Not Acceptable) 1370 39TH STREET S-W City NAPLES FL Zip Code 34117		
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 Samuel T. Dhanras - SAMUEL T. DHANRAS 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
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 SAMUEL T. DHANRAS 1370 39TH ST. S-W NAPLES FL 34117	<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
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
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: Samuel T. Dhanras SAMUEL T. DHANRAS 4/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					