2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 04, 2008 08:00 AN Secretary of State **DOCUMENT # L04000066962** IRISH AM-PARE, LLC Principal Place of Business Mailing Address 413 HENDRICKS ISLE 1300 NORTHWEST 167TH STREET, SUITE 3 FORT LAUDERDALE, FL 33301 MIAMI, FL 33169 01082008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For 20-1934803 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR DO NOT WRITE 1300 NORTHWEST 167TH STREET, SUITE 3 MIAMI, FL 33169 IN THIS SPACE آوها يادا Because grant the same for 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 Signature, typed or printed name of registered agent and title if applicable 02/14/08-80025-005 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRP TITLE KEENAN, JOHN M NAME STREET ADDRESS 413 HENDRICKS ISLE CITY-ST-ZIP FORT LAUDERDALE, FL 33301 MGR TITLE SAVILL, AUDREY NAME STREET ADDRESS 413 HENDRICKS ISLE CiTY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 procedule this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1,30,08

305 624.0011

Daytime Phone #