
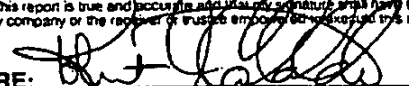


**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90013 016 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L04000076290</b>			
1. Entity Name SHS BLUE LAGOON, LLC			
Principal Place of Business 1111 PLAZA DRIVE, SUITE 200 SCHAUMBURG, IL 60173		Mailing Address 1111 PLAZA DRIVE, SUITE 200 SCHAUMBURG, IL 60173	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2133814		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04292005 Chg-LLC CR2E083 (10/03)	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCINTOSH, ANDREW L % PIPER RUENICK LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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	
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	Shamrock Blue Lagoon Investo 4444 Lakeside Dr Burbank, CA 91505	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LLC Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Blue Lagoon Hotel Investors 1111 Plaza Dr #200 Schaumburg, IL 60173	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member <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)(k), 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 employed to prepare this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 4/27/05 847-517-9090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Robert J Cataldo, authorized representative of Managing Member  
 Blue Lagoon Hotel Investors LLC