

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084483

Entity Name: SHAMROCK GROUP, LLC

FILED
Jun 01, 2007
Secretary of State

Current Principal Place of Business:

3415 QUEEN PALM DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3415 QUEEN PALM DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 87-0741876 FEI Number Applied For () 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:

MARLOWE, STEPHEN D
MARLOWE & MCNABB, P.A.
1560 WEST CLEVELAND STREET
TAMPA, FL 33606 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: MGRM () Delete
Name: DOYLE, P.H JR
Address: 3415 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: HATCHER, LONNIE S
Address: 3415 QUEEN PALM DRIVE
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: JOHNSON, SCOTT L
Address: 836 S.E. 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: P.H. DOYLE, JR.

MGRM

06/01/2007

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