

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084483

Entity Name: SHAMROCK GROUP, LLC

FILED
Apr 16, 2009
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 (X)

Name and Address of Current Registered Agent:

MARLOWE, STEPHEN D
MARLOWE & MCNABB, P.A.
1560 WEST CLEVELAND STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: MGRM (X) Change () Addition
Name: JOHNSON, SCOTT L
Address: 4610 ELEVATION WAY, SUITE B
City-St-Zip: FT. MYERS, FL 33905

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: GREGORY A. KUKWA

ACCT

04/16/2009

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