2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L05000023869

Entity Name: BRACKEN INVESTMENT, LLC

Current Principal Place of Business:

650 SOUTH CHERRY STREET
SUITE 920
DENVER, CO 80246

New Principal Place of Business:

600 SOUTH CHERRY STREET
SUITE 920
DENVER, CO 80246

Current Mailing Address:

650 SOUTH CHERRY STREET
SUITE 920
DENVER, CO 80246

New Mailing Address:

600 SOUTH CHERRY STREET
SUITE 920
DENVER, CO 80246

FEI Number: **FEI Number Applied For (X)** **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:

FOSTER, DAVE
2516 SE 34TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

FOSTER, DAVE
PO BOX 100976
CAPE CORAL, FL 33904 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: DAVE FOSTER 07/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHAMROCK HOLDINGS GR, OUP, LLC
Address: 650 SOUTH CHERRY STREET, SUITE 920
City-St-Zip: DENVER, CO 80246

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHAMROCK HOLDINGS GR, OUP, LLC
Address: 600 SOUTH CHERRY STREET, SUITE 920
City-St-Zip: DENVER, CO 80246

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL E. MCCABE MGR 07/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date