


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90139 032 \*\*\*138.75

<b>DOCUMENT # L05000061121</b>	
1. Entity Name <b>SHAMROCK STORAGE, LLC</b>	

Principal Place of Business <b>25 WEST CEDAR STREET STE 313 PENSACOLA, FL 32502</b>	Mailing Address <b>PO BOX 111 PENSACOLA, FL 32591</b>
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2. Principal Place of Business - No P.O. Box # <b>220 S. PALAFOX PLACE</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>PENSACOLA FL</b>	City & State
Zip <b>32502</b>	Country

00001000



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3029692</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCALPIN, RICHARD R 25 WEST CEDAR STREET STE 313 PENSACOLA, FL 32502</b>	7. Name and Address of New Registered Agent Name <b>RICHARD R. MCALPIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 S. PALAFOX PLACE</b> City <b>PENSACOLA</b> FL Zip Code <b>32502</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCALPIN, RICHARD R P.O. BOX 111 PENSACOLA, FL 32591 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD R. MCALPIN 220 S. PALAFOX PI PENSACOLA FL 32502 <input checked="" 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
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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 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 to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard R. McAlpin* Mgr. Member 1/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #