## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000109691

Entity Name: LUCKY SHAMROCK VENDING, LLC

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	SHVILLE DR CITY, FL 33026	US			
Current Mailing Address:			New Maili	New Mailing Address:	
10959 NASHVILLE DR COOPER CITY, FL 33026		US			
FEI Number:		FEI Number Applied For()	FEI Number Not App	licable (X) Certificate of Status Desired ( )	
Name and	Address of Cui	rent Registered Agent:	Name and	Address of New Registered Agent:	
	OOUG BHVILLE DR CITY, FL 33026	US			
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing	its registered office or registered agent, or both	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () De TOWLE, DOUG 10959 NASHVILLE COOPER CITY, FI	: DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () De SHANNON, DAN 2915 WESTON RI WESTON, FL 333		Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition SHANNON, DAN 8245 PHOENICIAN CT DAVIE, FL 33328 US	
Title: Name: Address: City-St-Zip:	MGRM () De BATTIGLIA, JEFF 10959 NASHVILLE COOPER CITY, FI	E DR	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition BATTAGLIA, JEFF 11036 S.S. 40TH CT DAVIE, FL 33330 US	
Title: Name: Address: City-St-Zip:	( ) De	elete	Title: Name: Address: City-St-Zip:	MGRM ( ) Change (X) Addition TOWLE, ROBIN L 10959 NASHVILLE DR COOPER CITY, FL 33026 US	
Title: Name: Address: City-St-Zip:	( ) De	elete	Title: Name: Address: City-St-Zip:	MGRM ( ) Change (X) Addition SHANNON, JOLIE 8245 PHOENICIAN CT DAVIE, FL 33328 US	
Title: Name: Address: City-St-Zip:	( ) De	elete	Title: Name: Address: City-St-Zip:	MGRM ( ) Change (X) Addition BATTAGLIA, RENAE 11036 SW 40TH CT DAVIE, FL 33330 US	

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: DOUG TOWLE MMM 01/06/2006