

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053636

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** IRISH REAL PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

12119 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

2119 WINGATE BEND BLVD.  
WEST PALM BEACH, FL 33414 US

**Current Mailing Address:**

12119 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

2119 WINGATE BEND BLVD.  
WEST PALM BEACH, FL 33414 US

**FEI Number:** 20-4932439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ORPEN, DECLAN E  
12119 SUNSET POINT CIRCLE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

ORPEN, DECLAN E  
2119 WINGATE BEND BLVD.  
WEST PALM BEACH, FL 33414 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: DECLAN E. ORPEN

01/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORPEN, DECLAN F  
Address: 12119 SUNSET POINT CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: GRIMES, NIALL  
Address: P O BOX 1256  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM (X) Delete  
Name: CAREY, NIALL  
Address: 741 TITICUS RD  
City-St-Zip: NORTH SALEM, NY 10560 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ORPEN, DECLAN F  
Address: P O BOX 1256  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: M (X) Change ( ) Addition  
Name: CAREY, NIALL  
Address: P O BOX 398  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: DECLAN E. ORPEN

MGRM

01/05/2008

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