

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056172

FILED  
May 15, 2008  
Secretary of State

Entity Name: IRISH PUB GROUP OF THE AMERICAS L.L.C.

## Current Principal Place of Business:

209 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

464 SW PORT ST LUCIE BLVD  
#415  
PORT SAINT LUCIE, FL 34953

## Current Mailing Address:

815 NORTH HAYDEN RD #A1  
SCOTTSDALE, FL 85257

## New Mailing Address:

FEI Number: 14-1962478      FEI Number Applied For ( )      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:

CLARK, ALAN  
209 PONCE DE LEON ST  
ROYAL PALM BEACH, FL 33411      US

## Name and Address of New Registered Agent:

SULLIVAN, ROBERT M  
4372 SOUTH U.S. HWY 301  
BUSHNELL, FL 33513      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: ROBERT M SULLIVAN

05/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MAXWELL, ANDREW  
Address: 815 NORTH HAYDEN RD #A1  
City-St-Zip: SCOTTSDALE, AZ 85257

Title: MGRM      ( ) Delete  
Name: KINGSTON, TREVOR  
Address: 815 N HAYDEN RD #A1  
City-St-Zip: SCOTTSDALE, AZ 85257

Title: MGR      ( ) Delete  
Name: FULLER, STEPHEN  
Address: 815 N HAYDEN RD #A1  
City-St-Zip: SCOTTSDALE, AZ 85257

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: SULLIVAN, ROBERT M  
Address: 4372 S US HIGHWAY 301  
City-St-Zip: BUSHNELL, FL 33513

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: TREVOR KINGSTON

MGRM

05/15/2008

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