

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063248

Entity Name: SHAMROCK STABLE LLC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

4702 N.E. INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

5 HANDICAPPER LANE
OCALA, FL 34482 US

Current Mailing Address:

4702 N.E. INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

New Mailing Address:

P.O. BOX 770477
OCALA, FL 34477 US

FEI Number: 57-1238039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOHESSY, BARRY J
4702 N.E. INDIAN RIVER DR.
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

CLOHESSY, BARRY J
5 HANDICAPPER LANE
OCALA, FL 34482 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: BARRY CLOHESSY

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLOHESSY, BARRY J
Address: 4702 N.E. INDIAN RIVER DR.
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM () Delete
Name: DEEGAN, JOESPH C
Address: 112 GIBSON RD.
City-St-Zip: LOUISVILLE, KY 40207 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLOHESSY, BARRY J
Address: 5 HANDICAPPER LANE
City-St-Zip: OCALA, FL 34482 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: BARRY CLOHESSY

MGR

02/13/2008

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