

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000063248

Entity Name: SHAMROCK STABLE LLC

**FILED**  
**Jun 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5 HANDICAPPER LANE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770477  
OCALA, FL 34477 US

**New Mailing Address:**

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  
5 HANDICAPPER LANE  
OCALA, FL 34482 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CLOHESSY, BARRY J  
Address: 5 HANDICAPPER LANE  
City-St-Zip: OCALA, FL 34482 US

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

Title: MGRM  
Name: FAULKNER, DEREK  
Address: 1366 GRAY HAWK RD  
City-St-Zip: LEXINGTON, KY 40502 US

I hereby 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

MGRM

06/21/2010

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