

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000080421

1. Entity Name
SHAMROCK CAPITAL, L.L.C.



FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
660 WEST 18TH STREET
HIALEAH, FL 33010

Mailing Address
660 WEST 18TH STREET
HIALEAH, FL 33010



07182008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
13-5661295

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EWIG, THOMAS A
660 WEST 18TH STREET
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EWIG, ALEX
STREET ADDRESS	19 HEATH DR
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/08-80001-012 143.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Handwritten Signature]