

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90184 013 \*\*\*\*50.00

**DOCUMENT # M03000000908**

1. Entity Name  
IRISH SHORES, L.L.C.



Principal Place of Business  
20000 GULF BLVD., UNIT 507  
INDIAN SHORES, FL 33785

Mailing Address  
10440 RIDGELINE DR.  
MILAN, MI 48160-8928

**DO NOT WRITE IN THIS SPACE**



02042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
38-3551001

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KELLY, RAYMOND D IV  
4700 34TH STREET SOUTH  
ST. PETERSBURG, FL 33711-4508

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DELANEY, MICHAEL  
1834 PINETREE  
TRENTON, MI 48183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KELLEY, RAYMOND D IV  
10440 Ridgeline Dr,  
Milan, MI 48160-8928

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Raymond D. Kelly IV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #