


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014196
 1. Entity Name
 SHAMROCK CUSTOM BUILDERS, L.L.C.



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|--|--|
| Principal Place of Business 1040 COLLIER CENTER WAY #1 NAPLES, FL 34110 | Mailing Address 1040 COLLIER CENTER WAY #1 NAPLES, FL 34110 |
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08162005No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-3772826 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
 2640 GOLDEN GATE PKWY., STE. 115
 NAPLES, FL 34105

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CHAPIN, W.E. III 1040 COLLIER CENTER WAY NAPLES, FL 34110 |
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08/19/05-80002-002 50.00

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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: W.E. Chapin **8-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #