


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90202 033 ****50.00

DOCUMENT # L05000033085

1. Entity Name
SHAMROCK DESIGNS AND SERVICES, LLC



Principal Place of Business
**3108 ANSLEY PARK DRIVE
 TALLAHASSEE, FL 32309**

Mailing Address
**3108 ANSLEY PARK DRIVE
 TALLAHASSEE, FL 32309**

2. Principal Place of Business
3201 SHAMROCK SOUTH

3. Mailing Address
3201 SHAMROCK SOUTH

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32309

Country
USA

Zip
32309

Country
USA



02282008 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2638538

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, ROBERT B
 3108 ANSLEY PARK DRIVE
 TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name **ROBERT B. WATSON**

Street Address (P.O. Box Number is Not Acceptable)
2773 VASSAL RD.

City **TALLAHASSEE** FL Zip Code **32309**

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 *Robert B. Watson* **ROBERT B. WATSON, MANAGING MEMBER** 3/2/06
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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MANAGING MEMBER	ROBERT B. WATSON	2773 VASSAL RD.	<input type="checkbox"/>
			TALLAHASSEE, FL 32309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert B. Watson* **ROBERT B. WATSON** 3/2/06 **850-294-4119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #