

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018581

FILED  
Mar 08, 2006  
Secretary of State

Entity Name: WEST COAST PARKING COMPANY, L.L.C.

**Current Principal Place of Business:**

100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 56-2365480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONE, DAVID D  
100 WALLACE AVENUE, SUITE 100  
SARASOTA, FL 34237 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: MGRM ( ) Delete  
Name: BONE, DAVID D  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title: MGR ( ) Delete  
Name: WOLF, RACHEL M  
Address: 100 WALLACE AVE., SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title: MGR ( ) Delete  
Name: BONE, CAROL A  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

Title: MGR ( ) Delete  
Name: WEND, KAREN L  
Address: 100 WALLACE AVENUE, SUITE 100  
City-St-Zip: SARASOTA, FL 34237

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID D. BONE

MGRM

03/08/2006

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