


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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

02-17-2006 90020 036 \*\*\*\*55.00

**DOCUMENT # L05000101924**  
 1. Entity Name  
**WEST PALM BEACH MINI BUS L.L.C.**



Principal Place of Business 3700 GEORGIA AVE, SUITE 18 WEST PALM BEACH FL 33405	Mailing Address 3700 GEORGIA AVE, SUITE 18 WEST PALM BEACH FL 33405
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E083 (10/05)

4. FEI Number <b>32-0163764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PAUL, JEAN CLAUDE D 10879 PASO FINO DRIVE LAKE WORTH FL 33467</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM. JOMANE JEAN, PIERRE 3700 GEORGIA AVE, SUITE 18 WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pierre J. Jean 02/03/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30001696

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

WEST PALM BEACH MINI BUS L.L.C.  
3700 GEORGIA AVE, SUITE 18  
WEST PALM BEACH, FL 33405

Subject: WEST PALM BEACH MINI BUS L.L.C.

Reference Number:

L05000101924

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION

**ATTACHMENT**

30001696  
#L05000101924

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

DOCUMENT# G05315900141

**Fictitious Name to be Registered:** WEST PALM BEACH MINI BUS, LLC

**Mailing Address of Business:** 3700 GEORGIA AVENUE  
SUITE # 18  
WEST PALM BEACH, FL 33405

**Florida County of principal place of business:** PALM BEACH

**FEI Number:** 32-0163764

**FILED**  
**Nov 11, 2005**  
**Secretary of State**

**Owner(s) of Fictitious Name:**

JEAN, PIERRE J  
POST OFFICE 3602  
WEST PALM BEACH, FL 33402 US

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

PIERRE JEAN

11/11/2005

Electronic Signature(s)

Date

**Certificate of Status Requested (X)**

**Certified Copy Requested (X)**