


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 21 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001035</b> 1. Entity Name WEST COAST SHUTTLE, LTD.					
Principal Place of Business 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 US			Mailing Address 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 3000 W. Cypress Creek Rd.		3. Mailing Address same as principal			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL		City & State		4. FEI Number APPLIED FOR 20-0133413	
Zip 33309		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SPRUCE, WILLIAM D ESQ. 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 W. Cypress Creek Rd. City Ft. Lauderdale FL Zip Code 33309	
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. <span style="float: right;">4/17/05</span>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P01000082588		STREET ADDRESS	3000 W. Cypress Creek Rd.	
NAME	BAY SHUTTLE, INC.		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
STREET ADDRESS	1600 WEST COMMERCIAL BLVD.				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE