

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:12

DOCUMENT # A03000001035

1. Entity Name
 WEST COAST SHUTTLE, LTD.



Principal Place of Business Mailing Address
 3000 W. CYPRESS CREEK RD 3000 W. CYPRESS CREEK RD
 FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309 US

1701 W. Cass St.
 Tampa FL 33606

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03022006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0133413 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRUCE, WILLIAM D ESQ.
 3000 W. CYPRESS CREEK RD
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 William D. Spruce DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P01000082588
 NAME BAY SHUTTLE, INC.
 STREET ADDRESS 3000 W. CYPRESS CREEK RD
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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13. ADDRESS CHANGES ONLY

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200069936932
 04/10/06--01042--001 **500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William D Spruce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

954 443-6565

STAPLE CHECK HERE