


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # A03000001035		
1. Entity Name WEST COAST SHUTTLE, LTD.		

Principal Place of Business 1701 W CASS ST TAMPA, FL 33606 US	Mailing Address 3000 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0133413		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPRUCE, WILLIAM D ESQ. 3000 W. CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000082588 BAY SHUTTLE, INC. 3000 W. CYPRESS CREEK RD FORT LAUDERDALE, FL 33309	STREET ADDRESS CITY-ST-ZIP	U00000764916 05/31/07 00017 006 500.00
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STAPLE CHECK HERE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William Spruce

4-9-07 (954) 493-6565

Date Daytime Phone #