
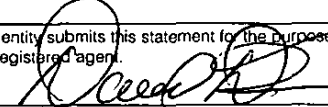
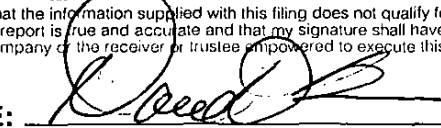


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 8:54

DOCUMENT # L03000018581 1. Entity Name WEST COAST PARKING COMPANY, L.L.C.					
Principal Place of Business 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237			Mailing Address 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02032005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2365480				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BONE, DAVID D 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237			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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONE, DAVID D 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100048028061 03/09/05--01009--004 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWAB, GLORIA J 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rachel M. Wolf 100 Wallace Ave., STE 100 Sarasota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONE, CAROL A 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237	<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	MGR Karen L. Wend 100 Wallace Ave, STE 100 Sarasota, FL 34237
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
11. 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 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: 				2/7/04 941-954-8405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					