

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010028

FILED
Apr 24, 2006
Secretary of State

Entity Name: PALM BEACH TRANSPORTATION GROUP, LLC

Current Principal Place of Business:

16991 US 19 NORTH
CLEARWATER, FL 33764

New Principal Place of Business:

1700 N FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

Current Mailing Address:

16991 US 19 NORTH
CLEARWATER, FL 33764

New Mailing Address:

24957 BREST ROAD
TAYLOR, MI 48180

FEI Number: 06-1720561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAHAN, THOMAS
16991 US 19 N
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

GAHAN, THOMAS
16991 US 19 NORTH
CLEARWATER, FL 33764 US

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.

SIGNATURE:

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YELLOW CAB SERVICE C, CORPORATION OF F LA, INC
Address: 16991 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEATHE, CULLAN F
Address: 645 GRISWOLD STREET, SUITE 2202
City-St-Zip: DETROIT, MI 48226

Title: MGR () Change (X) Addition
Name: RET, DANIEL
Address: 24957 BREST ROAD
City-St-Zip: TAYLOR, MI 48180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL RET

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date