


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90030 001 \*\*\*\*50.00  
04-04-2006 90030 002 \*\*\*\*\*5.00

<b>DOCUMENT # L05000094931</b>	
1. Entity Name <b>STAN'S TAXI, LLC</b>	

Principal Place of Business <b>501 49TH AVENUE NORTH ST. PETERSBURG FL 33703 US</b>	Mailing Address <b>501 49TH AVENUE NORTH ST. PETERSBURG FL 33703 US</b>
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2. Principal Place of Business <b>2516-56 Ave NO</b>	3. Mailing Address <b>2516-56 Ave NO</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>St. Petersburg, FL.</b>	City & State <b>St. Petersburg, FL.</b>
Zip <b>33714</b>	Zip <b>33714</b>
Country	Country

4. FEI Number <b>20-3538198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WHITLOCK, EVELYN 501 49TH AVENUE NORTH ST. PETERSBURG FL 33703</b>	
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7. Name and Address of New Registered Agent Name <b>David Stanford</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2516-56 Ave NO</b>	
City <b>St. Petersburg</b>	Zip Code <b>FL 33714</b>

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 <b>David Stanford</b>	DATE <b>March 15, 2006</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WHITLOCK, EVELYN 501 49TH AVENUE NORTH ST. PETERSBURG FL 33703</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DAVID STANFORD 2516-56 Ave NO St. Petersburg, FL. 33714</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary EVELYN WHITLOCK 501-49 Ave NO St. Petersburg, FL. 33703</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: <b>Evelyn J. Whitlock</b>	DATE: <b>3-15-06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	