

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90122 018 ****55.00

DOCUMENT # L05000101924

1. Entity Name

WEST PALM BEACH MINI BUS L.L.C.



Principal Place of Business

3700 GEORGIA AVE, SUITE 18
WEST PALM BEACH FL 33405

Mailing Address

3700 GEORGIA AVE, SUITE 18
WEST PALM BEACH FL 33405



2. Principal Place of Business - No P.O. Box #

3700 GEORGIA AVE

Suite, Apt. #, etc.

SUITE 18

City & State

W.P. BEACH, FL

Zip

33405

Country

USA

3. Mailing Address

3700 GEORGIA AVE

Suite, Apt. #, etc.

SUITE 18

City & State

WEST P.B. - FLORIDA

Zip

33405

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

32-0163764

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, JEAN CLAUDE D
10879 PASO FINO DRIVE
LAKE WORTH FL 33467

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: JOMANE JEAN, PIERRE
STREET ADDRESS: 3700 GEORGIA AVE, SUITE 18
CITY ST ZIP: WEST PALM BEACH FL 33405

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

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STREET ADDRESS:
CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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NAME:
STREET ADDRESS:
CITY ST ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-18-07

Date

Daytime Phone #