2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # Z00447 1. Entity Name BAY AREA YELLOW CAB, L.C.							FILED 05 MAY -9 AM 9: 47					
Principal Place of Business 2045 LAWSON ROAD CLEARWATER, FL 34623			Mailing Address 160 SOUTH ROUTE 17 NORTH PARAMUS, NJ 07652				SEGRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P		ness	3. Mailing Address									
16691 US 19 North Suite, Apt. #, etc.			16691 US 19 North Suite, Apt. #, etc.				04042005	Chg-LLC	CR2E0	83 (10/03)		
City & State Clearwater, FL			City & State Clearwater, FL				4. FEI Numb			_ 	plied For	
Zip 33764 Cour		Country USA	Zip 33764	Countr	ry USA		5. Certificate	of Status Desired	ı 🗆	\$5.00 Add Fee Required		
	6. Name	and Address of Curren	t Registered Agent				7. Name end	Address of New	Registered A	Agent		
-						Name Thomas Gahan						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525					Street Address (P.O. Box Number is Not Acceptable)							
IALLAHA	SSEE, FL	32301-2525			US 19 N	North						
					City CI	learwate	er		FL	Zip Code 3376	e 54	
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. Thomas Gahan												
	Signature, typed	or printed name of registered ager	it and title Happilcable. (NO	TE: Registered	Agent signati	ure required	when reinstating)		DATE			
filing Fee is \$50.00 Que by May 1, 2005								l	lake check p ida Departm	•		
9.	MANAGING MEMBERS/MANAGERS 10							ADDITION	IS/CHANGES			
TITLE				TITLE		T/C/D				☐ Change	Addition	
NAME CTREET ADDRESS	IREET ADDRESS 160 SOUTH ROUTE 17 NORTH						F. Meathe iswold, Suite	- 2202			-	
CITY-ST-ZIP PARAMUS, NJ 07652			1	CITY+ST-Z			Detroit, MI 48226					
TITLE	☐ Delete TITI					P/S				☐ Change	Addition	
NAME				NAME	Ē	Daniel Ret				_		
STREET ADDRESS	1			et address St-zip		Brest Road						
TITLE	<u> </u>		☐ Delete	TITLE		raylor,	, MI 48180			☐ Change	☐ Addition	
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TITLE			☐ Delete	TITLE				4	7	Change	☐ AdditIon	
NAME OTREET ADDRESS				NAME								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS • ST • ZIP							
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.												
indicated	d on this repo	ort is true and accurate an	d that my signature shall have	e the same	legal effe	ct as if m	nade under oat	h; that I am a mai	es. I further cer naging member	tify that the in or manage	nformation er of the	
indicated limited lia	d on this repo ability compa	ort is true and accurate an	d that my signature shall have se empowered to execute this	e the same s report as	legal effe	ct as if m by Chapt	nade under oat er 608, Florida	h; that I am a mai	as. I further cer naging member	tify that the in er or manage	nformation er of the	