


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # Z00447		
1. Entity Name BAY AREA YELLOW CAB, L.C.		

FILED  
05 MAY -9 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2045 LAWSON ROAD CLEARWATER, FL 34623	Mailing Address 160 SOUTH ROUTE 17 NORTH PARAMUS, NJ 07652
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2. Principal Place of Business 16691 US 19 North	3. Mailing Address 16691 US 19 North
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Clearwater, FL	City & State Clearwater, FL
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Zip 33764	Country USA	Zip 33764	Country USA
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04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3083437	Applied For <input type="checkbox"/> Not Applicable
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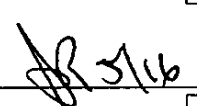
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Thomas Gahan Street Address (P.O. Box Number is Not Acceptable) 16991 US 19 North City Clearwater FL Zip Code 33764
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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 	Thomas Gahan DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KINNEAR, ROSS 160 SOUTH ROUTE 17 NORTH PARAMUS, NJ 07652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C/D Cullan F. Meathe 645 Griswold, Suite 2202 Detroit, MI 48226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Daniel Ret 24957 Brest Road Taylor, MI 48180 <input type="checkbox"/> Change <input checked="" 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
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
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

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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: 	Daniel Ret, President Date Daytime Phone #