


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -3 AM 8:54

<b>DOCUMENT # L03000018581</b> 1. Entity Name WEST COAST PARKING COMPANY, L.L.C.	
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Principal Place of Business 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237	Mailing Address 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237
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2. Principal Place of Business	3. Mailing Address	02032005 Chg-LLC CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

4. FEI Number 56-2365480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  BONE, DAVID D 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 *David D Bone* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM BONE, DAVID D <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100048028061</b>	
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS	<b>03/09/05--01009--004 **350.00</b>	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE NAME	MGR <input checked="" type="checkbox"/> Delete SCHWAB, GLORIA J		TITLE NAME	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS	Rachel M. Wolf	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	100 Wallace Ave., STE 100	
TITLE NAME	MGR <input type="checkbox"/> Delete BONE, CAROL A		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	Sarasota, FL 34237	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	Karen L. Wend	
CITY-ST-ZIP			CITY-ST-ZIP	100 Wallace Ave, STE 100	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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.

SIGNATURE: *David D Bone* 2/7/04 941-954-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #