

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 8:54

DOCUMENT # L03000018581 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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[Handwritten Signature]



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2365480	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$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 _____ **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 [Handwritten Signature] DATE _____

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

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	100048028061	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, DAVID D		NAME	03/09/05--01009--004 **350.00	
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWAB, GLORIA J		NAME	Rachel M. Wolf	
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS	100 Wallace Ave., STE 100	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, CAROL A		NAME		
STREET ADDRESS	100 WALLACE AVENUE, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Karen L. Wend	
STREET ADDRESS			STREET ADDRESS	100 Wallace Ave, STE 100	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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: [Handwritten Signature] Date: 2/7/04 Daytime Phone #: 941-954-8405

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