

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90066 032 \*\*\*\*50.00



**DOCUMENT # L03000002611**

1. Entity Name  
**PETERS BOYNTON DIXIE RAILROAD LLC**

Principal Place of Business  
 246 N.E. 6TH AVENUE  
 DELRAY BEACH, FL 33483

Mailing Address  
 246 N.E. 6TH AVENUE  
 DELRAY BEACH, FL 33483

2. Principal Place of Business  
**6023 LELAC ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6023 LELAC ROAD**  
 Suite, Apt. #, etc.



04182004 Chg-LLC CR2E083 (10/03)

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

4. FEI Number  
**20-1046495**

Applied For  
 Not Applicable

Zip  
**33496**

Country  
**Palm Beach**

Zip  
**33496**

Country  
**Palm Beach**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PETERS, IRWIN  
 246 N.E. 6TH AVENUE  
 DELRAY BEACH, FL 33483

**7. Name and Address of New Registered Agent**

Name **BRIAN C TAMONEY, CPA**

Street Address (P.O. Box Number is Not Acceptable)

**2200 N. FEDERAL HWY #228**

City **Boca Raton**

**FL**

Zip Code  
**33431**

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

*[Signature]*

**4-17-04**

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	<b>M</b>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	<b>MGR</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Douglas Peters</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>6023 LELAC RD</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>Boca Raton, FL</b>		<b>33496</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

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

Date

Daytime Phone #

*[Signature]* **MGR**