

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044737

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: 4 RAIL, LLC

**Current Principal Place of Business:**

39646 FIG AVE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1299  
CRYSTAL SPRINGS, FL 33524

**New Mailing Address:**

FEI Number: 20-3498535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MC KNIGHT, TERRY  
Address: 36210 ST. JOE RD  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM (X) Delete  
Name: WILSON, L.S. III  
Address: 39646 FIG AVE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: MGRM (X) Delete  
Name: ACME DEVELOPMENT COR, PORATION  
Address: 39646 FIG STREET  
City-St-Zip: ZEPHYRHILLS, FL 33540

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TERRY MCKNIGHT

MGMR

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date