

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074918

FILED  
Jul 12, 2008  
Secretary of State

Entity Name: FCL, LLC

**Current Principal Place of Business:**

7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-5486351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TURSONOFF, TIM  
7645 GATE PARKWAY  
SUITE 103  
JACKSONVILLE, FL 32256 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: TDI, LLC,  
Address: 7645 GATE PARKWAY, SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: EVEREST RAILCAR SERV, ICES, INC.  
Address: 1301 E. ROBINSON, SUITE C9  
City-St-Zip: SPRINGDALE, AR 72764

**ADDITIONS/CHANGES:**

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: TIM TURSONOFF

MNMR

07/12/2008

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