

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000362 1. Entity Name PALM BEACH RAIL SERVICES, LLC	
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Principal Place of Business 115 LAWYERS ROW CENTREVILLE, MD 21617	Mailing Address 115 LAWYERS ROW CENTREVILLE, MD 21617
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2680314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

HIQ CORPORATE SERVICES, INC.  
 1574 VILLAGE SQUARE BLVD  
 SUITE 100  
 TALLAHASSEE, FL 32309

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

L00000834608  
 02/28/08-80059-017 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTER-RAIL GROUP, INC. 115 LAWYERS ROW CENTREVILLE, MD 21617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Nicholas R. Schraggenberger* 2/18/08 410-758-2893

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