

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 20 AM 11:44	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ALABAMA & GULF COAST RAILWAY LLC 7557 RAMBLER ROAD, SUITE 280 DALLAS TX 75231		DOCUMENT # M97000000546 1a. Principal Place of Business Address 7557 RAMBLER ROAD, SUITE 280 DALLAS TX 75231			
2. Principal Place of Business <i>Monroeville, AL</i> Suite, Apt. #, etc. 224 N. MT. Pleasant Ave. City & State <i>Monroeville, AL</i> Zip 36461 Country U.S.A.		2a. Mailing Address P.O. Box 339 Suite, Apt. #, etc. City & State <i>Monroeville, AL</i> Zip 36461 Country U.S.A.		3. Date Organized or Qualified 08/26/1997 4. FEI Number 75-2714522 5. Date of Last Report 03/13/1998	
3a. State of Formation DE		☐ Applied For ☐ Not Applicable		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL. 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002853812 Suite, Apt. #, etc. -04727/39-01058-002 ****188.75 ****188.75 City FL Zip Code 33324			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (The registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when filing this statement.)		DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KLEIFGEN, J. PETER	7557 RAMBLER ROAD, SUITE 2		DALLAS TX	
MGR	JACULLO, PETER J	21 BERMUDA ROAD		WESTPORT CT	
MGR	WIDENER, DAVID L	2535 TECH DRIVE, SUITE 111		BETTENDORF IA	
MGR	Jensen, Annie	2535 TECH DRIVE, SUITE 111		Bettendorf, IA	
MGR	Nicoletti, William	Van Buren Road		MORRISTOWN, NJ	
11 I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		4-13-99		214.691.2572	