

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90186 011 ****50.00

DOCUMENT # L00000010825

1. Entity Name
FLORIDA EAST COAST RAILWAY, L.L.C.



Principal Place of Business
**ONE MALAGA ST.
ST. AUGUSTINE, FL 32084**

Mailing Address
**P.O. BOX 1048
ST. AUGUSTINE, FL 32085-1048**

44032340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-6001115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDDINS, HEIDI J
ONE MALAGA ST.
ST. AUGUSTINE, FL 32084**

Name

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

City

FL

Zip Code

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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ANESTIS, ROBERT
STREET ADDRESS ONE MALAGA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE MGRC ☒ Change ☐ Addition
NAME Robert W. Anestis
STREET ADDRESS One Malaga Street
CITY-ST-ZIP St. Augustine, FL 32084

TITLE MGRP ☐ Delete
NAME MCPHERSON, J.
STREET ADDRESS ONE MALAGA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRV ☐ Delete
NAME MACSWAIN, ROBERT F
STREET ADDRESS ONE MALAGA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME EDDINS, HEIDI
STREET ADDRESS ONE MALAGA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☒ Delete
NAME STARLING, CHERYL
STREET ADDRESS ONE MALAGA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert F. MacSwain* Robert F. MacSwain

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

4/15/04
Date

904-826-2207
Daytime Phone #