

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90055 047 \*\*\*\*50.00

**DOCUMENT # L02000016889**

1. Entity Name

**RAILS END, L.L.C.**



Principal Place of Business

**7250 E. STATE ROAD 44  
WILDWOOD FL 34785**

Mailing Address

**7250 E. STATE ROAD 44  
WILDWOOD FL 34785**

*Change*

2. Principal Place of Business

3. Mailing Address

**400 TOMPKINS ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**INVERNESS FL**

Zip

Country

Zip

Country

**34450-4139**

**USA**

4. FEI Number

**14-1838285**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROIANO, VICTOR J  
317 S. TENNESSEE AVENUE  
LAKELAND FL 33801**

*Change*

Name

**ROBERT C. LANE, JR.**

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

**400 TOMPKINS STREET**

City

**INVERNESS**

**FL**

Zip Code

**34450-4139**

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

*Robert C. Lane, Jr.*

**ROBERT C. LANE, JR.**

**2-12-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ISAAC W. KING c/o RAILS END  
7250 E. STATE ROAD 44  
WILDWOOD, FL 34785**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Isaac W. King*

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

**2/18/03**

Date

**352-748-1224**

Daytime Phone #

CR2E083 (10/02)