


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000000294</b> 1. Entity Name <b>RAILWAY 21 WAREHOUSE GROUP, LLC</b>	
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Principal Place of Business <b>15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL</b>	Mailing Address <b>15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL</b>
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01032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0445995**

Applied For  
Not Applicable

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

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

<b>KURZMAN, RHODA 15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162</b>
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**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KURZMAN, JOHN 15499 W DIXIE HWY NORTH MIAMI BEACH, FL 33162</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KURZMAN, RHODA 15499 W DIXIE HWY NORTH MIAMI BEACH, FL 33162</b>
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03/15/06-80039-011 50.00

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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 605, Florida Statutes.

**SIGNATURE:** *Rhoda Kurzman* **2/28/06** **(305) 945-4100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #