


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 045 ****50.00

DOCUMENT # L03000053038	
1. Entity Name 409 RAIL ROAD AVENUE L.L.C.	

Principal Place of Business 1102 NORTH A STREET LAKE WORTH, FL 33460	Mailing Address PO BOX 789 LAKE WORTH, FL 33460
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2. Principal Place of Business 501 Sunrise Ct	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lake Worth, FL	City & State
Zip 33460	Country



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0860846	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 HOPKINS, JAMES M JR 1102 NORTH A STREET LAKE WORTH, FL 33460	
7. Name and Address of New Registered Agent Name: Hopkins, James M JR Street Address (P.O. Box Number is Not Acceptable): 501 Sunrise Ct City: Lake Worth FL Zip Code: 33460	

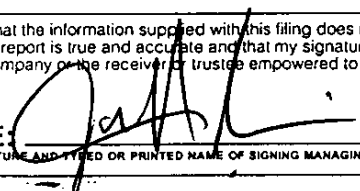
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOPKINS, JAMES M JR 1102 NORTH A STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Hopkins, James M JR 501 Sunrise Ct Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOPKINS, SUSAN H 1102 NORTH A STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Hopkins, Susan H. 501 Sunrise Ct Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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