## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # L04000049307 02-01-2007 90049 022 \*\*\*\*50.00 RAIL CITY JUNCTION, LLC Principal Place of Business Mailing Address 60010875 PO BOX 12267 P.O. BOX 12267 JACKSONVILLE, FL 32209 JACKSONVILLE, FL 32209 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4 FFI Number 20-1317665 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUESTER, KENNETH P. Street Address (P.O. Box Number is Not Acceptable) 2175 W. 18TH STREET JACKSONVILLE, FL 32209 City 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE TITLE ☐ Change ■ Addition ☐ Delete KUESTER, KENNETH P NAME NAME 2175 W. 18TH STREET STREET ADDRESS STREET ADORESS JACKSONVILLE, FL 32209 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change\_ TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CtTY-\$T-ZIP CITY-ST-ZIP TITLE □/belete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

Dale

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

FILED

Feb 01, 2007 8:00 am