


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000044737</b> 1. Entity Name 4 RAIL, LLC	
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Principal Place of Business 6565 LANI DRIVE ZEPHYRHILLS, FL 33542	Mailing Address 6565 LANI DRIVE ZEPHYRHILLS, FL 33542
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3498535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JOHNSON, LEONARD H 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525
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<b>DO NOT WRITE IN THIS SPACE</b>
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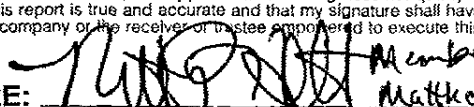
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HULBERT, MATT 6565 LANI DRIVE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, L.S. III 8810 SPARKLEBERRY LANE ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ACME DEVELOPMENT CORPORATION 39646 FIG STREET CRYSTAL SPRINGS, FL 333524
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000581734 01/11/07-80003-017 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 608, Florida Statutes.	
SIGNATURE:  <b>Matthew P. Hulbert, Member</b>	1/5/07 813 788-7004
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>