


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90133 021 ***138.75

DOCUMENT # L05000044737		
1. Entity Name 4 RAIL, LLC		

Principal Place of Business 6565 LANI DRIVE ZEPHYRHILLS, FL 33542	Mailing Address 6565 LANI DRIVE ZEPHYRHILLS, FL 33542
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60005656

2. Principal Place of Business - No P.O. Box # 39646 Fig Ave.	3. Mailing Address P.O. Box 1299
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State Zephyrhills, FL	City & State Crystal Springs, FL
Zip 33540	Country Pasco
Country Pasco	Zip 33524

4. FEI Number 20-3498535	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
JOHNSON, LEONARD H 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL 33525	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HULBERT, MATT 6565 LANI DRIVE ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, L.S. III 8810 SPARKLEBERRY LANE ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACME DEVELOPMENT CORPORATION 39646 FIG STREET CRYSTAL SPRINGS, FL 333524 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mc Knight, Terry 36210 St. Joe Road Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Biston, Clyde 39646 Fig Ave. Zephyrhills, FL 33540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	39646 Fig Ave Zephyrhills, FL 33540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Terry McKnight **Terry Mc Knight** **1/31/08** **(813) 783-1688**

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

Date

Daytime Phone #