


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000053265 1. Entity Name RAILROAD EMPORIUM, LLC |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 2240 FRONT STREET UNIT #303 MELBOURNE, FL 32901 | Mailing Address 2240 FRONT STREET UNIT 303 MELBOURNE, FL 32901 |
|--|---|

DO NOT WRITE IN THIS SPACE



05012007No Chg-LLC

CR2E083 (11/05)

| | |
|----------------------------------|--|
| 4. FEI Number 42-1663641 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

WAHLEN, CHARLES H
2240 FRONT STREET
UNIT 303
MELBOURNE, FL 32901

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000757562
05/23/07-80076-007 55.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WAHLEN, CHARLES H 2240 FRONT STREET UNIT # 303 MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BERTEL, FREDERICK P.O. BOX 432 MEELBOURNE, FL 32902 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WEIMER, REX E 8480 E. ORCHARD SUITE 1100 ENGLEWOOD, CO 80111 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

4/30/07 303-882-0996