## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M03000002731**

1. Entity Name

INTER-RAIL TRANSPORT OF JACKSONVILLE, LLC



FILED Jan 24, 2005 08:00 AM Secretary of State

Principal Place of Business

115 LAWYERS ROW CENTREVILLE, MD 21617

Mailing Address

115 LAWYERS ROW CENTREVILLE, MD 21617



01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2384889 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE STE. 200 TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

8. The above named entity submit	s this statement for the purpose of char	nging its registered office or registered ager	nt, or both, in the State of Florida.	t am familiar with, and accept
the obligations of registered ag				
tile optigations of registered ag	Crit.			

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when rematating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

U00000191147 01/24/05-80158-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICKETTS, JAMES W 115 LAWYERS ROW CENTREVILLE, MD 21617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	with the the reference the supplied with the filter does not supplie for the over

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information emploied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Ilability company or the receiver optiquisee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE A

D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/18/05

410-758-2893

Daytime Phone #