2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M03000002731

1. Entity Name

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

INTER-RAIL TRANSPORT OF JACKSONVILLE, LLC



FILED Feb 21, 2008 08:00 Al Secretary of State

Principal Place of Business,

115 LAWYERS ROW CENTREVILLE, MD 21617 Mailing Address

115 LAWYERS ROW CENTREVILLE, MD 21617



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For	
56-2384889		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309

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	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of replatered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
	Signature, typed of printed name of registered agent and must if applicable	(MOTC, registeres years signature required when reinstating)
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	U00000834606 02/28/08-80059-016 138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	the state of the s
NAME	RICKETTS, JAMES W	
STREET ADDRESS CITY-ST-ZIP	115 LAWYERS ROW	
	CENTREVILLE, MD 21617	
TITLE NAME		No.
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE		IN THIS SPACE
NAME		

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: Michell Q, Shrafferberger 2/18/08	•	410-758-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #