## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002732

1. Entity Name

INTER-RAIL TRANSPORT OF PALM CENTER, LLC



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

Principal Place of Business

Mailing Address

115 LAWYERS ROW CENTREVILLE, MD 21617 115 LAWYERS ROW CENTREVILLE, MD 21617



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
51-0477199	-		Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits the</li></ol>	his statement for the purpose of changing its registere	ed 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 little if applicable.

(NOTE: Registered Agent alignature required when reinstating)

DATE

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

U00000834612 02/28/08-80059-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM RICKETTS, JAMES W 115 LAWYERS ROW CENTREVILLE, MD 21617
CITY-ST-ZIP	
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11. I hereby o	certify that the information supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with this filling does not qualify for the extension and the supplied with the s

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: Michile Q. Schraffenley	œ
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGED MEMBER OF ALL	NODIZED DED

2/18/08

410-758-2893

D.

Daytime Phone #