2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000362
1. Entity Name

7. Entity Name PALM BEACH RAIL SERVICES, LLC



FileD Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CR2E083 (11/05)

4. I'El Number 58-2680314 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. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL. 32309		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_	Signature, typed or printed name of registered agent and trie if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filling Fee is \$50.00 Due by May 1, 2006			
9. IIILE	MANAGING MEMBERS/MANAGERS MGRM		
NAME	INTER-RAIL GROUP, INC.		
STREET ADDRESS City-ST-ZP	115 LAWYERS ROW CENTREVILLE, MD 21617		
TITLE NAME			000000447353 03708706-800S5-002 50.00
STREET ADORESS CITY-ST-ZIP			55, 55, 55
TITLE			
NAME STREET AUDITESS CITY-ST-UP		DO	NOT WRITE
TITLE		IN	THIS SPACE
NAME STREET ADDRESS CHY-ST-ZP		"	
TITLE NAME			
STREET ADDRESS		5	

11. I hereby certify that the information supplied with this filling 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 of the receiver of trostee erpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

James

2/20/06

410 758-2593

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

Date

Daytme Phone #