

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001049

Entity Name: MAE-FAL, LLC

FILED  
Mar 28, 2005  
Secretary of State

**Current Principal Place of Business:**

C/O MAEFIELD DEVELOPMENT  
328 SOUTH WALNUT STREET, SUITE TWO  
BLOOMINGTON, IN 47401

**New Principal Place of Business:**

C/O MAEFIELD DEVELOPMENT  
250 E 96TH STREET SUITE 580  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

C/O MAEFIELD DEVELOPMENT  
328 SOUTH WALNUT STREET, SUITE TWO  
BLOOMINGTON, IN 47401

**New Mailing Address:**

C/O MAEFIELD DEVELOPMENT  
250 E 96TH STREET SUITE 580  
INDIANAPOLIS, IN 46240

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      MAEVENTURE, LLC,  
Address:                      328 SOUTH WALNUT STREET, SUITE TWO  
City-St-Zip:                      BLOOMINGTON, IN 47401

**ADDITIONS/CHANGES:**

Title:                      MGRM                      (X) Change                      ( ) Addition  
Name:                      MAEVENTURE, LLC,  
Address:                      250 E 96TH STREET SUITE 580  
City-St-Zip:                      INDIANAPOLIS, IN 46240

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK SIFFIN

MR.

03/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date