
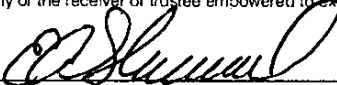


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 048 ****50.00

| | | | | | |
|---|--|--|---|---|---|
| DOCUMENT # L04000057334 1. Entity Name AGA, LLC | | | |  | |
| Principal Place of Business 111 UTILITY DRIVE P.O. BOX 452 MONROEVILLE, IN 46773 | | | Mailing Address 111 UTILITY DRIVE P.O. BOX 452 MONROEVILLE, IN 46773 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01062005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-1655489 | | | | App'd For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent DUNKIN, DAVID A 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title (None acceptable) (NOT the registered agent's signature required when not holding title)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRIESEL, WILLIAM A 111 UTILITY DRIVE MONROEVILLE, IN 46773 | <input type="checkbox"/> Delete | 10. ADDITIONS/CHANGES | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KRIESEL, WILLIAM G 111 UTILITY DRIVE MONROEVILLE, IN 46773 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHAEKEL, ERIC A 111 UTILITY DRIVE MONROEVILLE, IN 46773 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | ERIC A. SCHAEKEL | | 4-27-05 260-740-7017 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Yr</small> | | | | | |