


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057334 1. Entity Name AGA.LLC	
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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
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04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1655489	Applied For <input type="checkbox"/> 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
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRIESEL, WILLIAM A 111 UTILITY DRIVE MONROEVILLE, IN 46773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRIESEL, WILLIAM G 111 UTILITY DRIVE MONROEVILLE,, IN 46773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEKEL, ERIC A 111 UTILITY DRIVE MONROEVILLE, IN 46773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80128-011 50.00

**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:  **ERIC A. SCHAEKEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-06 **260-623-6131**
Date Daytime Phone #