


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90182 045 ****50.00

DOCUMENT # L06000013612					
1. Entity Name MOUNTAIN STATE AVIATION LLC					
Principal Place of Business 5224 CATTLE CROSSING WAY JACKSONVILLE, FL 32226 US			Mailing Address P. O. BOX 800 ELEANOR, WV 25070 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>5224 Cattle Crossing Way</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Jacksonville FL</i>		4. FEI Number <i>20-4271569</i>	
Zip		Country		Applied For Not Applicable	
<i>32226</i>		<i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COBB, MICHELE 2752 LANTANA LAKES DR E JACKSONVILLE, FL 32246			Name <i>Cobb, Michele</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<i>5224 Cattle Crossing Way</i>		
			City <i>Jacksonville FL</i>		
			Zip Code <i>32226</i>		
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 <i>Michele Cobb</i> DATE <i>2-9-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAIL CONNECTION INC. 737 ELEANOR INDUSTRIAL PARK ELEANOR, WV 25070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBB, SCOTT K 2752 LANTANA LAKES DR E JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM</i> <i>Cobb, Scott K.</i> <i>5224 Cattle Crossing Way</i> <i>Jacksonville FL 32226</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBB, MICHELE 5224 CATTLE CROSSING WAY JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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	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 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: <i>Michele Cobb</i>			SIGNATURE: <i>Michele Cobb</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> <i>2-9-07</i>		
			<small>Daytime Phone #</small> <i>904-714-2264</i>		