

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000537

Entity Name: MADISON AIR, L.C.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

1607 US HWY 90 EAST  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 157  
MADISON, FL 32341

**New Mailing Address:**

FEI Number: 59-3271728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, JACOB K SR  
1607 US HWY 90 EAST  
MADISON, FL 32340 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, JACOB K SR  
Address: 437 NE FRALEIGH ST  
City-St-Zip: MADISON, FL 32340

Title: MGR ( ) Delete  
Name: JOHNSON, JACQUELINE P  
Address: 437 NE FRALEIGH ST  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACOB K. JOHNSON, SR.

MGRM

01/16/2009

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