


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000002763  
 1. Entity Name  
 MID-AMERICA AVIATION, LLC



Principal Place of Business      Mailing Address  
 121 NORTH SALISBURY STREET      121 NORTH SALISBURY STREET  
 WEST LAFAYETTE, IN 47906      WEST LAFAYETTE, IN 47906

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 35-2132725	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FLEISCHHAUER, WILLIAM M  
 792 BROAD AVENUE SOUTH  
 NAPLES, FL 34102

**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 retreating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

000000475838  
 04/05/06-80033-002 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISCHHAUER, WILLIAM M 729 BROAD AVE SOUTH NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:       2-15-06      239-403-7339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #