

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90278 005 \*\*\*\*55.00

**DOCUMENT # M01000002763**



1. Entity Name  
**MID-AMERICA AVIATION, LLC**

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

Mailing Address  
**121 NORTH SALISBURY STREET  
 WEST LAFAYETTE, IN 47906**

**60015940**



2. Principal Place of Business - No P.O. Box #  
**111 North Salisbury st**  
 Suite, Apt. #, etc.

3. Mailing Address  
**111 North Salisbury st**  
 Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

**Unit 1**  
 City & State  
**West Lafayette IN**

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 City & State  
**West Lafayette IN**

4. FEI Number  
**35-2132725** Applied For  
 Not Applicable

Zip  
**47906** Country

Zip  
**47906** Country

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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 FLEISCHHAUER, WILLIAM M 729 BROAD AVE SOUTH NAPLES, FL 34102 <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
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
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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

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/4/07** **765-743-9603**  
 Date Daytime Phone #